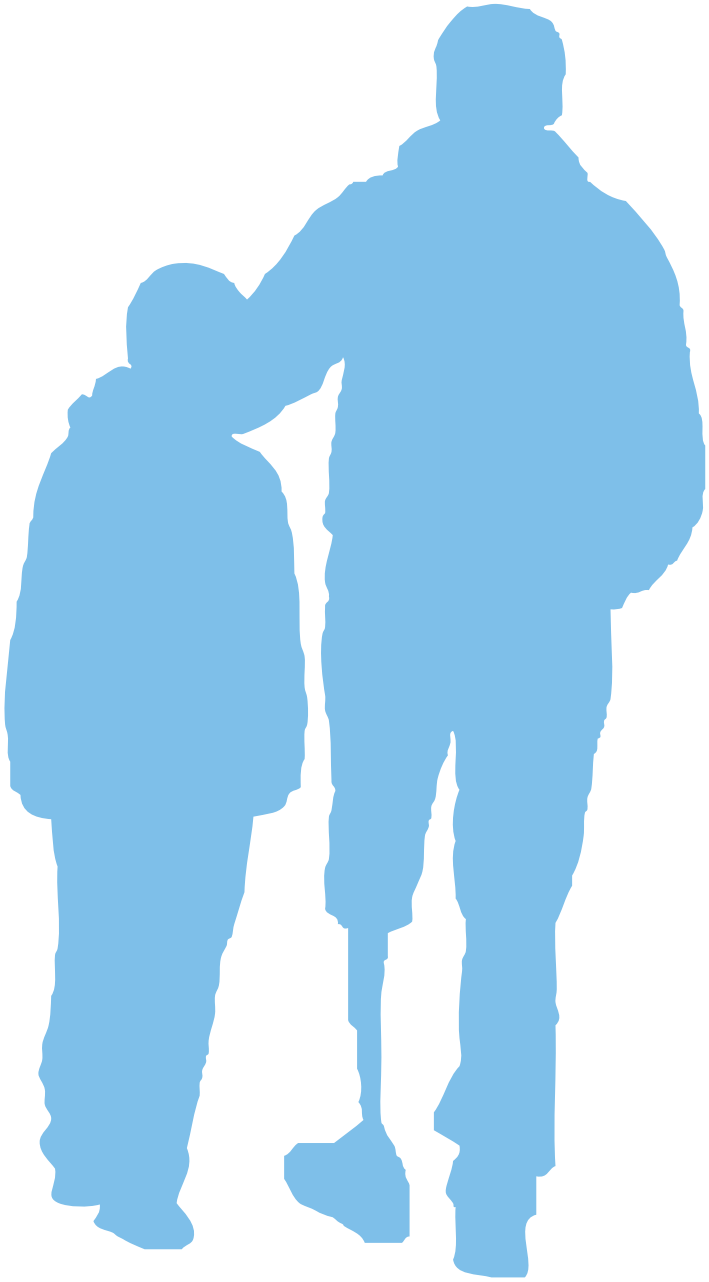
Marine Corps Scholarship Foundation

Study on Children of Seriously Wounded Service Members



This study was conducted to better understand the needs of children of service members who have been seriously wounded in combat, as well as the programs and services that support these children and families.

CONDUCTED BY THE
CASTER FAMILY CENTER
FOR NONPROFIT
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UNIVERSITY OF SAN DIEGO

MARINE CORPS SCHOLARSHIP FOUNDATION
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Study on Children of Seriously Wounded Service Members

Released March 2014

About the Research Study: Over the course of one year, researchers from The Caster Family Center for Nonprofit and Philanthropic at the University of San Diego interviewed a total of 125 participants, including seriously wounded service members, their spouses and children, as well as military, civilian and nonprofit professionals who work with this population. The study included two phases to ensure a comprehensive understanding around the population and its unfulfilled needs: The first phase focused on understanding the specific needs of children of seriously wounded service members through interviews, focus groups, and reviews of existing research; the second phase focused on an assessment of government and nonprofit programs available to identify gaps that exist.

About the Scholarship Foundation: The Marine Corps Scholarship Foundation is the Nation's oldest and largest provider of need-based scholarships to military children. Since its inception, the Scholarship Foundation has provided more than 30,000 scholarships valued at over $80,000,000 to Marine Corps children whose parents have been killed or wounded in combat or have demonstrated financial need. For more information on the Marine Corps Scholarship Foundation, please visit http://www.mcsf.org/.

About The Caster Center: The Caster Family Center for Nonprofit and Philanthropic Research is part of the Institute for Nonprofit Education and Research at the University of San Diego. The mission of the Caster Center is to provide research, evaluation and consulting services that benchmark the nonprofit sector and build the capacity of nonprofits and philanthropies. For more information on the Caster Center, please visit http://www.sandiego.edu/soles/centers-and-research/nonprofit/.

Acknowledgments: The Marine Corps Scholarship Foundation and the Caster Center would like to thank our partner organizations for their support of the study: Fisher House Foundation, Gary Sinise Foundation, The National Intrepid Center of Excellence, National Military Family Association, Operation Homefront, Semper Fi Fund, SemperMax Support Fund, USO, and Wounded Warrior Project. We would also like to thank all of the nonprofit organizations, military personnel and families who graciously participated in interviews and focus groups for this research study.

Questions or comments about this report should be directed to the lead author, Dr. Mary Jo Schumann, at mjschumann@sandiego.edu.

Cite as: Schumann, M.J., Nash Cameron, E., Deitrick, L., Reed, G., and Doroliat, D. (2014). Study on Children of Seriously Wounded Service Members. San Diego, CA: Caster Center for Nonprofit and Philanthropic Research, University of San Diego.

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ACKNOWLEDGEMENTS

The research team would like to thank the following for their assistance and support:

- The Marine Corps Scholarship Foundation Staff
- Personnel and Manpower Branch DAP Division, Defense Manpower Data Center (DMDC)
- USMC Wounded Warrior Regiment
- The San Diego Association of Governments (SANDAG) Service Bureau
- Operation Homefront Village in Oceanside, CA
- Jennifer Yebba, Svetlana Krasynska, Melanie Hitchcock, and Marianne Waldrop at the University of San Diego
- Ashley Howard Goltz at The Design Stylist

and

- Each and every person who participated in this research study

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I. EXECUTIVE SUMMARY

The Marine Corps Scholarship Foundation (Scholarship Foundation) recognized the mounting toll of the Global War on Terror, the essential nature of educated/trained children to the security of seriously wounded Marine families, and the significant demands placed on dependents of seriously wounded Marines as an urgent call to determine what support is needed. In response to these challenges, the Scholarship Foundation commissioned The Caster Family Center for Nonprofit and Philanthropic Research at the University of San Diego to conduct research to better understand the needs of children of service members who were seriously wounded in combat, and identify the programs and services that currently exist for this population. The research took place from May 2012 to May 2013, and revolved around two related components.

The first component was a systematic needs assessment that involved a review of existing research and literature related to military children and, more specifically, children of seriously wounded service members. It also involved conducting telephone and in-person interviews and focus groups with a total of 125 participants, including seriously wounded service members, their spouses and children, as well as military, civilian, and nonprofit professionals that support this population. The needs assessment expanded beyond the conventional research conducted with military personnel or veterans, and focused on the often-overlooked children of seriously wounded service members.

The needs assessment revealed the following obstacles that may hinder children of seriously wounded service members from reaching appropriate developmental milestones:

- The physical wounds themselves
- Invisible wounds (e.g., PTSD and TBI)
- Changing family structure
- Communication with children
- Communication with outside support systems
- Childcare
- Lack of program utilization
- Unhealthy home environment
- Military culture
- Isolation from military and other support systems
- Limiting capacity of military resources and services
- Limiting capacity of nonprofit resources and services

The needs assessment also revealed the following major protective factors that are likely to reduce the negative effects of the aforementioned obstacles on children (and families), all of which have been identified in the literature and in applied practice:

- Social support
- Resiliency
- Effective parenting

Based on the needs assessment, the recommendations for better servicing children (and families) of seriously wounded service members fall under the broad categories of Social Support and Training, and include the following:

- Peer social support for children
- Mentoring for children
- Peer social support for parents and families
- Family resiliency training
- Parenting training
- Healthy parenting programs
- Support and training programs in a school-based context

The second component of the research project included systematic asset mapping to identify programs and services that currently exist for children of seriously wounded service members. This involved extensive online and secondary research, and yielded a master inventory of organizations that provide programs and services to this population.

The asset mapping process revealed there are few organizations and programs that directly support children of seriously wounded service members. However, many organizations and programs do provide support and services to seriously wounded service members (and caregivers) that, in turn, indirectly support their children.

The organizations that stood out in their focus and efforts to provide needed social support and training services to children and families of seriously wounded service members were:

- Armed Services YMCA
- Camp C.O.P.E.
- The Comfort Crew for Military Kids
- Families Overcoming Under Stress (FOCUS)
- Fisher House Foundation
- Hope for the Warriors
- Injured Marine Semper Fi Fund (Semper Fi Fund)
- Military Child Education Coalition (MCEC)
- National Military Family Association (NMFA)
- Operation Homefront
- USO
- Wounded Warrior Project

The findings indicated that there is room for improvement in meeting the needs of these children and their families. Based on both the qualitative needs assessment and asset mapping phases of this research project, the University of San Diego research team made the following recommendations to the Scholarship Foundation and the consortium:

- Follow through with the consortium
- Communicate the research findings
- Partner and collaborate with other organizations
- Plan events accordingly
- Provide peer-based support groups
- Provide mentoring programs
- Utilize social media and online forums
- Help enhance academic and school support systems
- Integrate fun, outdoor recreational programs
- Maintain a targeted approach
- Increase awareness of consortium organizations

In conclusion, the Scholarship Foundation can be an effective conduit and disseminator of these important research findings and recommendations. It will be up to the consortium of key stakeholders to collaboratively work together to strategically design, implement and evaluate programs and solutions that support children (and families) of seriously wounded service members.

II. INTRODUCTION AND BACKGROUND

The Marine Corps Scholarship Foundation (Scholarship Foundation) is a privately funded, 501(c)(3) nonprofit organization that provides scholarships to children of Marines and Navy Corpsmen (affiliated with any Marine unit)[1] who attend accredited community colleges, universities, and vocational/technical institutions, with particular attention given to children whose parent was killed or wounded in action or who have demonstrated financial need. The Scholarship Foundation is committed to "*Honoring Marines by Educating Their Children.*" ™

The Scholarship Foundation recognized the mounting toll of the Global War on Terror, the essential nature of educated/trained children to the security of seriously wounded Marine families, and the significant demands placed on dependents of seriously wounded Marines as an urgent call to determine what support is needed. In response to these challenges, the Scholarship Foundation commissioned The Caster Family Center for Nonprofit and Philanthropic Research at the University of San Diego to conduct research to better understand the needs of children of seriously wounded service members,[2] and identify the programs and services that currently exist for this population.

This research is important because it expands beyond the conventional research conducted with military personnel and/or veterans, and focuses on the often-overlooked children of seriously wounded service members. This research can also impact the Scholarship Foundation's ability to better support children of seriously wounded Marines through post-secondary education/training and gainful career employment. Through disseminating the research and convening key stakeholders around the findings, the Scholarship Foundation can inform others of current support services and approaches being offered by other organizations and programs. Furthermore, this research gives the consortium specific direction about the types of programs that would offer additional support to help meet these children's needs, overcome obstacles and, ultimately, increase the likelihood of their personal and professional stability and success.

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[1] The Scholarship Foundation directly supports children of Marines and Navy Corpsmen affiliated with any Marine Corps unit. This includes active, reserve, retired and veteran Marines. For brevity, all of these will be referred to as "Marines" throughout this report.

[2] For brevity throughout this report, "seriously wounded" refers to serious physical wounds sustained in combat. "Service members" refers to all service members and veterans, including those on active duty, in transition, and medically retired.

III. RESEARCH OBJECTIVES

The overall goal of this study was to conduct a comprehensive needs assessment that included two related parts:

Systematic needs assessment to better understand the needs of children of service members who have been seriously wounded in combat

Comprehensive asset mapping to identify programs and services that are available for this population

Specific objectives were to:

1) Understand the specific needs of children of seriously wounded service members (military personnel or veterans) related to their physiological and/or psychological development (i.e., personal, academic, social, behavioral, emotional well-being). More specifically, to:

a) Understand obstacles (i.e., risks) that may prevent these children from reaching developmentally appropriate milestones (e.g., on-time graduation from high school);

and

b) Understand protective factors (i.e., resiliency) that increase their chances for reaching developmentally appropriate milestones and growing into healthy adults;

2) Identify proven evidenced-based strategies and "best practices" used by other support programs (e.g., United States Marine Corps, Department of Defense (DOD), government, nonprofit organizations) in serving this population;

3) Create an asset map (i.e., inventory) of nonprofit organizations and major service providers that currently provide services to children of seriously wounded service members; and

4) Understand what resources are needed and what components should be included in an evidenced-based support program.

IV. PROJECT OVERVIEW

The research was conducted from May 2012 to May 2013 by a team of researchers at the University of San Diego. The members of the research team had military, counseling, clinical, social science, academic, and applied research backgrounds that brought different perspectives and ensured rigor and transparency throughout every phase of this research project. The qualitative portion of this project included interviews and focus groups with a total of 125 participants,[3] including seriously wounded service members, their spouses and children, as well as military, civilian, and nonprofit professionals that support this population. This project also involved extensive online and secondary research to create a master inventory of organizations that provide programs and services to families and children of seriously wounded service members.

The methodology and research instruments were approved by the University of San Diego Institutional Review Board on August 16, 2012 (IRB #2012-0-10-021), with subsequent revision approvals on October 10, 2012 and January 28, 2013. Access to the Marine Corps Wounded Warrior Regiment (WWR) was approved by Brigadier General Robert F. Hedelund, Director Marine and Family Programs Division, United States Marine Corps, on February 7, 2013. Methodology and research instruments were submitted for a Department of the Navy administrative review and approved by Ms. Leah Watson, United States Marine Corps Combat Development Command Human Research Protection Official and IRB Chair, on February 20, 2013 (MCO 3900.18; DoDI 3216.02).

Table 1 summarizes the different sources of information and methodologies that were used throughout this research study. The detailed methodologies and findings for all research components are summarized in Sections VII-VIII of this report, following an overview of research related to military children.

[3] The sample size of 125 participants is sufficient, given the qualitative nature of this study (i.e., exploring the needs of children and families of seriously wounded service members and identifying available resources), as well as the relatively small target population. A description of the methodology, sample, and limitations of this study are discussed in the Qualitative Research Section (Section VII) of this report.

Table 1. Summary of Research Study Methodologies and Sources of Information

Source of Information	Methods Used	Summary of Activity
Defense Casualty Analysis System at the Defense Manpower Data Center	Correspondence, data retrieval, review, analysis, summarize, reference	Analyzed database of thousands of anonymous records of U.S. Armed Forces who were wounded in action from October 7, 2001 to December 12, 2012
IRS Nonprofit Business Master File and National Taxonomy of Exempt Entities	Search, review, classify, cross-reference, code	Searched and reviewed thousands of nonprofit organizations
The San Diego Association of Governments (SANDAG) Service Bureau	Correspondence, data retrieval, review, analysis, summarize	Retrieved and mapped VA medical and non-medical assistance facilities across the U.S. Mapped primary and secondary organizations across the U.S. in relation to number of seriously and very seriously wounded service members
Online Research	Search, review, classify, cross-reference, code	Reviewed hundreds of Nonprofit, Research/Academic Institution, and Military/Government websites
Social Media, Blogs	Search, review, classify, cross-reference Postings, connections	Reviewed many blogs Posted recruiting flyer on Facebook
Existing Peer-Reviewed Academic Reviewed Literature and Dissertations	Search, review, summarize, code, reference	Reviewed many articles and dissertations
Existing Government and Taskforce Reports, Articles, and Documents	Search, review, summarize, code, reference	Reviewed many reports, articles, and documents
The Marine Corps Scholarship Foundation	Conversations Database review	Discussions re: proposal, methodology, database for Chicago weekend, ongoing data collection, access to Wounded Warrior Regiment, project status, etc.
Conferences, Symposiums, Forums, Meetings	Attendance and participation Recruiting Conversations Connections Collecting resource lists, brochures, handouts, etc.	Attended 10 functions Collected many collateral pieces
Walter Reed National Military Medical Center, Wounded Warrior Regiment at Camp Pendleton, and Naval Medical Center San Diego	Recruiting Conversations Connections Collecting resource lists, brochures, handouts, etc.	Visited and networked Collected many collateral pieces
Wounded Warrior Regiment staff	In-person interviews Telephone interviews Conversations Connections	Recruited and set appointments Conducted 14 in-person interviews Conducted 5 telephone interviews Additional informal conversations
Other military and civilian professionals	In-person interviews Telephone interviews Conversations Connections	Recruited and set appointments Conducted 4 in-person interviews Conducted 4 telephone interviews Additional informal conversations
Nonprofit organizations	In-person interviews Telephone Interviews Conversations Connections	Recruited and set appointments Conducted 1 in-person interview Conducted 18 telephone interviews Additional informal conversations
Wounded service members, spouses, and children	Focus groups In-person interviews Telephone interviews Conversations Connections	Recruited and set appointments Conducted 9 focus groups with a total of 55 participants Conducted 7 in-person interviews Conducted 18 telephone interviews Additional informal conversations

V. ACADEMIC LITERATURE REVIEW

A. Overview

The research team used a meta-ethnographic approach[4] to: 1) synthesize the literature on parental combat injury and its effects on children; and 2) provide a context to construct the qualitative interview questions for this study.

There is limited research and literature about the needs of children of seriously wounded service members, or the impact these wounds have on the development of military children. Consequently, this review of the academic literature encompasses other bodies of research and literature relevant to professionals working with injured service members and their families.

SEVEN STEPS OF META ETHNOGRAPHY

Getting started

Deciding what is relevant to the initial interest

Reading the studies

Determining how the studies are related

Translating the studies into one another

Synthesizing translations

Expressing the synthesis

Source: Noblit and Hare, 1988

Specifically, studies were included that examined: 1) the impact of parental illness (physical disabilities, affective disorders) on family functioning; 2) the relationship between military culture (relocations, deployments, combat deaths) and family adjustment; 3) psychological and family adjustment following a traumatic brain injury (TBI); 4) post-traumatic stress disorder (PTSD)[5] and family adjustment; 5) relevant studies of child development; 6) life course perspective; 7) attachment theory; 8) family process; 9) family functioning; 10) resilience; and 11) post-traumatic growth. In addition, social media (i.e., blogs) and nonprofit and government support program websites were reviewed for their relevance to this research study. The research team excluded studies of sibling illness or injury because these conditions require different family coping. Additionally, studies of parental death were also excluded from this review, as the grieving process for injury is different from grieving parental death.

[4] Meta-ethnography is a method for synthesizing qualitative research and for developing models that interpret findings across multiple studies (Noblit & Hare, 1988).

[5] The term "post-traumatic stress disorder" (PTSD) is used throughout this report (and was also the term that participants used) to describe the psychological reaction after the stress of wartime combat that is often characterized by depression, anxiety, anger, flashbacks, recurrent nightmares, and avoidance of reminders of the event. This research did not address the semantics and diagnosis of different terms such as "post-traumatic stress" (PTS) or "post-traumatic stress syndrome" (PTSS).

Key terms, phrases, ideas, and concepts were recorded to compare how studies related to each other. As themes began to develop in the synthesis, new bodies of literature emerged that added to the knowledge base and investigation of the needs of children of seriously wounded service members. This review reflects the research and literature about: 1) the effects of deployments, relocations, and parents killed in action on military children and families; 2) the effects of a parental combat injury on the family; and 3) individual and family processes following injury.

The following section addresses the impact of deployment and relocation because these situations reflect the experiences of children of seriously wounded service members. For example, these children re-experience "deployment" when their seriously wounded parent is recovering in another state and may experience their healthy parent being "deployed" to take care of the seriously wounded service member. In addition, many families make the decision to relocate out-of-state to be closer to the recovering parent's hospital or physical therapy, leaving behind friends, schools, comforts, and familiar surroundings.

B. Deployment

With three out of five service members having families or family obligations, military culture has a strong influence on children of United States service members (Esposito-Smythers, 2011). Furthermore, the literature has identified deployment and family relocation as having the strongest impact on military children. Deployment entails a time when one or both parents are called by their respective military departments for long-term service. Since the U.S. launched Operation Enduring Freedom (OEF) in Afghanistan and Operation Iraqi Freedom (OIF) in 2001, wartime deployments have been characterized by extended amounts of time (12-15 months) and repeated tours (Esposito-Smythers, 2011). Because service members have very little control over their deployment orders, placements, and return, military family members are faced with the challenges of having a loved one absent for significant amounts of time, and therefore must initiate and implement strategies to stabilize their lives (e.g., support from family and community and government agencies).

There are four phases of deployment that military families go through: Pre-Deployment, Deployment, Reunion, and Post-Deployment. The Pre-Deployment phase is when the service member has been given orders notifying him/her of a deployment, sometimes with only a day or two to prepare for departure. The Deployment phase is the service member's time away

from the family carrying out the orders. The Reunion is the phase when the family learns of, and prepares for, the actual return of the service member. Post-Deployment (i.e., reunification) is when the service member arrives home and the months and years that follow.

Deployment often requires a significant shift in the roles of a family system, as some families switch to a single-parent household for significant periods of time (Everson, Darling & Herzog, 2012). Children start to assume more household responsibilities and spouses learn to deal with the stress of filling both parental roles. While service members are deployed, children have increased depression, anxiety, parent cosleeping, academic and disciplinary problems, and internalization of problems (Lester, Peterson, Reeves, Kanuss, Glover, Mogil, Duan, Saltzman, Pynoos, Wilt, & Beardslee, 2010; Palmer, 2008). Deployed parents also often miss important developmental milestones while they go through multiple deployments, creating a large barrier to understanding vital to family resiliency (Saltzman, Lester, Beardslee, Layne, Woodward & Nash, 2011). Seamone (2012) argues that more than relocation, it is "enduring a parent's combat deployment that causes the greatest amount of stress on the military child and all members of the military family" (p. 5).

In the Reunion phase, parents and children usually experience a sense of renewed energy and anticipation of the reunion with their loved military service member, while Post-Deployment is typically characterized by a two-month "honeymoon" phase followed by the stress of learning how to reintegrate roles and systems. In the case of service members coming home with serious injuries (visible physical wounds and invisible psychological scars), however, there is no "honeymoon" phase, and families are instantly bombarded with significant challenges which can last for many years. Throughout the Post-Deployment phase, children may mirror how nondeployed parents respond to the return of the service members, including hypervigilance to possible stressors for the service member or emotional numbing (Chandra, Frank, White, & Shope, 2008; Everson et al., 2012; Palmer, 2008).

All phases of the deployment cycle have their associated emotional effects on military families. Adult reactions to deployment can include greater parenting stress, shock, depression, disbelief, and worry (Esposito-Smythers, 2011; Palmer, 2008). Many military parents (particularly non-deployed parents) experience sleep-disturbances, anxiety, or depression (Saltzman et al., 2011). Similarly, the emotional impact of deployment can include a variety of consequences for children, including depression, anxiety, and behavioral changes (e.g.,

academic performance, social interaction) (White, de Baurgh, Fear, & Iversen, 2011; Szabo, 2010; Ure, 2010; Wilson, 2009). Child abuse and neglect have been linked to parental deployment as a result of compounding stressors and breakdowns in parenting practices (Saltzman et al., 2011). Furthermore, service members often come home with psychological problems such as PTSD, and studies show that 60% have high-stress marital problems, and/or hostility and violence toward their children and partners (Palmer, 2008). Rapid deployment cycles can also fail to provide time for a family to stabilize, as parents may get orders to leave as soon as they come back, be turned around mid-trip home or, in the case of seriously wounded service members, be transported to a military hospital.

C. Relocation

While deployments can have substantial consequences on children and families, another significant consequence of being a service member is the need to relocate (often on short notice). Relocation is necessary when a service member is given orders to move and serve the military from another base or location. While moving may happen occasionally in a non-military family, military families can move every two to three years (Palmer, 2008). Everson et al.'s (2012) study reveals that, in addition to facing deployments, significant others of service members deployed to Iraq relocated an average of three times. Military families are more likely to move over longer distances domestically, and are four times more likely to move internationally (Drummet, Coleman, & Cable, 2003). Consequently, military families are faced with the process of working through the loss of friendships and established support networks. In addition to the emotional impact of starting over, Aronson, Caldwell, Perkins, & Pasch (2011) describe numerous studies that demonstrate relocation is negatively correlated with educational outcomes for children (i.e., they receive lower test scores and grades).

The adjustment period surrounding a military relocation is stressful because military children have no control over their environment. Children have to grieve their current situation, anticipate their new environment, and then settle into it. Some moves have a greater effect on children because they are geographically far away, or require a cultural adjustment internationally.

Furthermore, when reviewing the different effects of relocation, Drummet et al. (2003) suggest that some military children may experience high levels of psychopathology, such as those associated with the alleged "military family syndrome." Military family syndrome is defined by

the presence of the following family characteristics: children prone to behavior disruptions, authoritarian fathers, and depressed mothers.

While relocation can be a difficult time for families, children can adjust well, particularly if they have access to resources such as base housing and an environment filled with other military families (Canon, 2011). Relocating can also have a positive lasting impact on military children's academic success because they may enter a new environment with a better educational and support system than what they had previously. In addition, parents' positive attitude and their ability to adapt easily can also reduce the negative consequences of military relocation.

D. Killed In Action

In addition to challenging deployments and relocation, military families also face the looming possibility that their loved one may be killed in action. This reality is often discussed and focused on, resulting in preventive actions (e.g., development of wills, financial plans, and family preparations) undertaken prior to the service member leaving on deployment. Because of the potential severity of such a situation, research and literature is available (Gabriel, 2010) that focuses on how to support children and families of service members killed in action. However, these studies are not discussed in detail here, as they are outside the scope of this review.

Thus, while it is not uncommon for military families to focus on the "worst case scenario" (killed in action) or the "best case scenario" (coming home safe and healthy), few families discuss the potential implications of the "in-between scenario" (coming home seriously wounded). In the same vein, researchers and practitioners have not focused on the effects of serious combat wounds on military families and especially their children.

E. Parents with Life-Changing Combat Wounds

Because of the scarcity of literature noted earlier and upon reviewing over 75 empirically based articles, the research team had to theoretically construct an understanding of the potential impact of serious physical combat wounds on service members' children (and what could be done to help these children develop successfully). This was accomplished by expanding the research to include literature on post-amputation service members, as well as civilian parents who have experienced a life-changing physical injury. The research team also expanded the research to include data from personal blogs written by spouses or families who have a seriously wounded service member. This methodology provided insightful and real accounts of the challenges, impacts, and needs of children and families of seriously wounded service members.

Dr. Stephen Cozza and his research team have done the most extensive research on the psychological impacts of parental injuries (military or non-military) on children. They postulate that the impact of injured military parents on their children is likely to be considerable and that the risk factors for vulnerability can be assumed (Cozza, Chun, & Polo, 2005). Their research suggests that the impacts on children are predicated on how the parents respond to the notification and the amount of information they share with their children. In addition, the impact on children is a byproduct of the amount of disruption (i.e., physical relocation, absent parents, seriousness of injuries, recovery period, transition back to home, etc.) that the injury creates for the family.

It is purported that one of the biggest predictors of how a family, especially children, adjust to a family member being injured in combat is how the family is notified about the injuries (Cozza et al., 2005). In the last decade, improvements have been made to the notification system (e.g., now the injured service member is the one who contacts his/her spouse or other family members). However, it is not uncommon for initial information pertaining to an injury to be incomplete or inaccurate, which leads to increased anxiety. After notification has been made, activities to care for the service member may lead to disruption of the family schedule or structure. For instance, a spouse often joins the injured service member, who is likely receiving treatment at military hospitals far from their family home. This may require that children either be left under the supervision of other adults (at home or at the home of other family members or friends), or be uprooted to join parents at the hospital. Both options are

likely to be unsettling for the children, resulting in disruptions of schedules and relationships, as well as potential alterations in parental empathy, structure or discipline. Children who travel to hospitals may miss school and/or move into treatment environments that are not prepared to meet their needs. In addition to these geographical changes, many families experience changes within the family structure that have an impact on their children's development and well-being.

1. Family Functioning and Child Development

Relationships between spouses, as well as between parents and children, have both direct and indirect effects on children's development and well-being (Cozza, Guimond, McKibben, Chun, Arata-Maiers, Schneider, & Ursano, 2010). The direct effects focus on the parent-to-child interactions, which can range in duration, quantity, and quality. For example, the nature of the injury may affect the injured parent's ability to maintain daily parenting routines such as picking up, feeding, or bathing the child. Indirect effects include those mediated through a parent. For example, the demands of caring for the injured service member may leave the caregiver drained and unable to be attuned to the needs of the child. Further, there are outside system impacts that may affect the family system. For instance, the injury may cause the service member to spend extended time away from the child because of a need for rehabilitation services. This time away may influence the injured parent's ability to develop or maintain a secure attachment with the child. Hence, a system that is meant to support the service member's recovery (i.e., rehabilitation) may directly undermine his/her ability to parent, especially if family functioning is not considered in the treatment planning.

Additionally, in instances when the military culture inhibits the injured service member from receiving the needed care for invisible wounds (e.g., PTSD and TBI), the cultural context may indirectly affect child outcomes by impeding the service member's self-care, reintegration into the family, commitment to family well-being, and parenting abilities. These are just some of the potential pathways through which parental combat injury might influence family functioning and child development.

2. Family Communication

It is critical that children be properly prepared before visiting the hospital to handle whatever circumstances (e.g., physical, emotional, clinical) they will face when visiting an injured parent. This is especially crucial when the injury is disfiguring or is of significant severity, such as

amputation. The nature of the information that parents share with children may or may not be developmentally appropriate and may be based more on the anxieties of parents, rather than the needs of the children.

Occasionally parents may choose to share either too much or too little information with their children, making it difficult for the children to understand the nature or seriousness of the injury and its realistic implications for the injured parent. Some parents make the decision to withhold information related to serious injuries from their children. This can be for various reasons, often related to a desire "not to worry them." A lack of appropriate information could lead to unnecessary worry or "catastrophizing" on the part of children. The literature revealed that it is important to help parents understand how the withholding of information could negatively impact the relationship between parents and children in the future (Cozza et al., 2010). These children may wonder, "What else are they not telling me about?" which can result in greater long-term anxiety. While some parents may provide too little information about the injury, others feel the need to share more than is necessary. In some situations, a parent may actually demand that a child look at the injury site to fully appreciate the nature of the sustained injury. When the injury is one of considerable trauma, is physically disfiguring or results in amputation, graphic exposure can lead to pointless and problematic anxiety (Cozza et al., 2005).

3. Invisible Wounds

Visible, physical injuries are not the only medical problems with which returning service members contend. Injuries sustained in combat can also be invisible. For example, returning service members may suffer from invisible wounds such as PTSD, TBI, depression, substance use disorders, and/or other conditions. Children can more easily understand the effects of an injury when they can visually see the bandages, loss of limb, scarring, or prosthetic. In contrast, injuries like PTSD, TBI, and/or depression remain invisible and more difficult for children to comprehend. Symptoms are both more difficult to associate with the invisible injury and are more readily internalized by children as they attempt to read and control their parent's mood (Cohen, Solomon, & Zerach, 2011). For example, the child might read the parent's anger as a result of his/her running through the house rather than the deficit in the parent's attention associated with TBI. Conversely, the child might attribute experienced rejection from the parent to his/her own self-worth rather than to PTSD symptoms of avoidance or emotional numbing. The impact of these conditions on families and children is still uncertain, but is likely

significant. Rosenheck & Thomson (1986), for example, found that PTSD has had a negative impact on the children of Vietnam veterans. The specific consequences found were reduced family cohesion, decreased interpersonal expressiveness, greater interpersonal conflict, and reduced problem-solving ability. These consequences are also likely to pertain to children and families of post-9/11 service members returning home with PTSD.

4. Family Stress

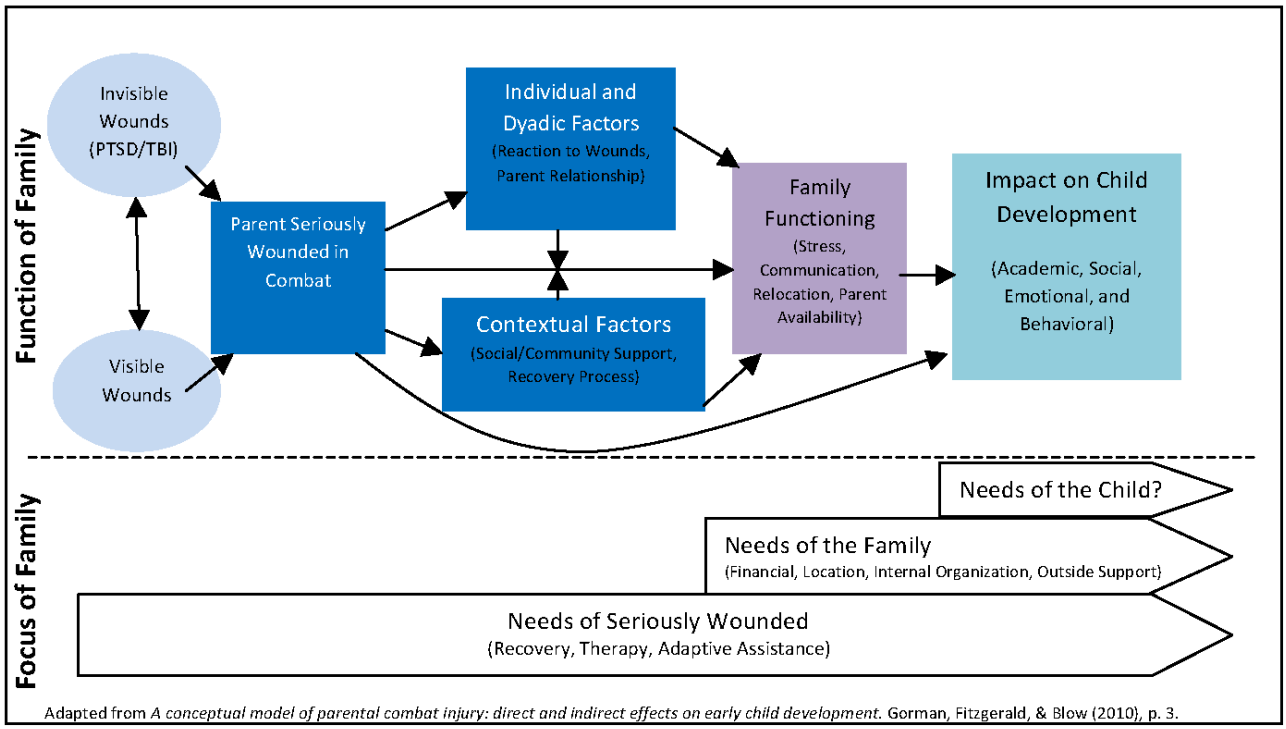
After reviewing 34 social media sites (i.e., blogs of military spouses), it was found that many families with a seriously wounded service member experienced severe family stress that lasted for three or more years (depending on the extent of the injuries). Many blogs mentioned that finances, childcare, transitions, relocations, and dealing with the emotional changes in the wounded service member were some of the the major contributors to family stress. While reading the blogs did not provide a comprehensive picture of the family stress potentially affecting families of the seriously wounded service members, the process offered valuable insights to the research team in understanding some of the prevalent challenges , as well as provided a context for developing the qualitative interview guides.

F. Conceptual Model of Effects of Parental Combat Injuries

In conclusion, when assessing the needs of children of seriously wounded service members, it is critical to take a holistic look at the systemic impact that a seriously wounded service member has on his/her child and family. The academic literature and social media reviewed can be conceptualized to demonstrate the mediating factors, as well as pathways of impact that influence family functioning. Such factors potentially have direct and indirect effects on a child's development (academic, social, emotional, and behavioral), as illustrated in the conceptual model in Figure 1.

In addition, the literature and social media have shown that the primary focus of the family is on the needs of the seriously wounded service member (e.g., recovery, therapy, adaptive assistance). The secondary focus is on the basic needs of the family (e.g. finances, geographical location, reorganization of family roles, and outside support systems). Lastly, the focus of the family is on the individualized needs of the child, which to date is not fully researched or understood.

Figure 1. Conceptual Model of Parental Combat Wounds on Child Development



Adapted from *A conceptual model of parental combat injury: direct and indirect effects on early child development.* Gorman, Fitzgerald, & Blow (2010), p. 3.

VI. OVERVIEW OF TARGET POPULATION

Throughout this study the research team saw many different statistics on the number of seriously wounded service members, and the number of their children in reports from the Department of Defense (DOD) and other military-affiliated sponsors, literature, press releases, and media, as well as nonprofit websites and collateral. These statistics were often not comparable because there was variability in the following:

- Timeframe of the data;
- Regions they represent (e.g., 50 U.S. States or 58 U.S. Territories);
- Service branches they represent;
- Labels and definitions used for active duty, transition, and veteran status (and the long process of transitioning);

and most pertinent to this research study,

- Definitions of wounded service member (i.e., whether it includes injuries of varying degrees, combat wounds, non-combat wounds, visible injuries, invisible injuries, etc.).

As a result, it is difficult to make direct comparisons among different statistics. For this reason, and because this study focused on a very specific population, the research team used the most recent population statistics from the Defense Casualty Analysis System at the Defense Manpower Data Center (DMDC) for the purposes of this report. They are presented here to set the stage for information that follows, and to understand the extent of the targeted segment of this study's population, namely *children of service members who were seriously physically wounded in combat*.[6]

BY THE NUMBERS

- **Estimated 2.26 million service members deployed to Afghanistan or Iraq**

(Department of Defense, 2011)

  - ***64% are younger than 35 years old***

(Bureau of Labor Statistics, Current Population Survey, Annual Averages 2001)

  - ***44% are parents***

(Chandra et al., 2011)

- **Estimated 2 million children have been affected by wartime deployment**

(Chartrand et al., 2008)

- **Of the children with a deployed parent:**

  - ***40% are younger than 5 years old***
  - ***32% are 5-12 years old***

(Chandra et al., 2011)

[6] This does not take into account any children that were or will be born after this data was collected.

The tables and figures in this section summarize population statistics for the U.S. Armed Forces who were wounded in action from October 7, 2001 to December 12, 2012 during the Global War on Terror (Operation Iraqi Freedom, Operation New Dawn and Operation Enduring Freedom).[7] The statistics are presented for both "U.S. States" (50 states and the District of Columbia) and "U.S. Territories" (50 states and District of Columbia, plus American Samoa, Guam, Northern Mariana Islands, Ontario, Puerto Rico, Virgin Islands). However, this study focuses on the "U.S. States" because it is more relevant for the Scholarship Foundation.

Tables 2-4 show the total number of service members with and without children - and within each service branch[8] - who were injured in one of three ways, as specified by the following definitions from *The Joint Publication on Military Definitions* and provided by the DMDC:

Very Seriously Injured (VSI)	*The casualty status of a person whose injury/illness is classified by medical authorities to be of such severity that life is imminently endangered.*
Seriously Ill or Injured (SI)	*The casualty status of a person whose illness or injury is classified by medical authorities to be of such severity that there is cause for immediate concern, but there is no imminent danger to life.*
Not Seriously Injured (NSI)	*The casualty status of a person whose injury or illness may or may not require hospitalization but not classified by a medical authority as very seriously injured (VSI), seriously injured (SI), or incapacitating illness or injury (III).*

[7] Operation Iraqi Freedom March, 2003-September, 2010; Operation New Dawn September, 2010-December, 2011; Operation Enduring Freedom October, 2010 to Drawdown December, 2011 through 2014. Note that these are the latest validated statistics at the time this report was written.

[8] The Air National Guard and Coast Guard are not included in this research study.

As can be seen in Table 2 and Figure 2, there are 46,210 service members in the U.S. who have been wounded in action, with 3,131 (7%) classified as Seriously Injured (SI) and 1,026 (2%) classified as Very Seriously Injured (VSI). Thus, there are 4,157, or 9% of the overall wounded population that represent this study's focus on "seriously wounded."

Table 2. Number of Service Members Wounded In Action

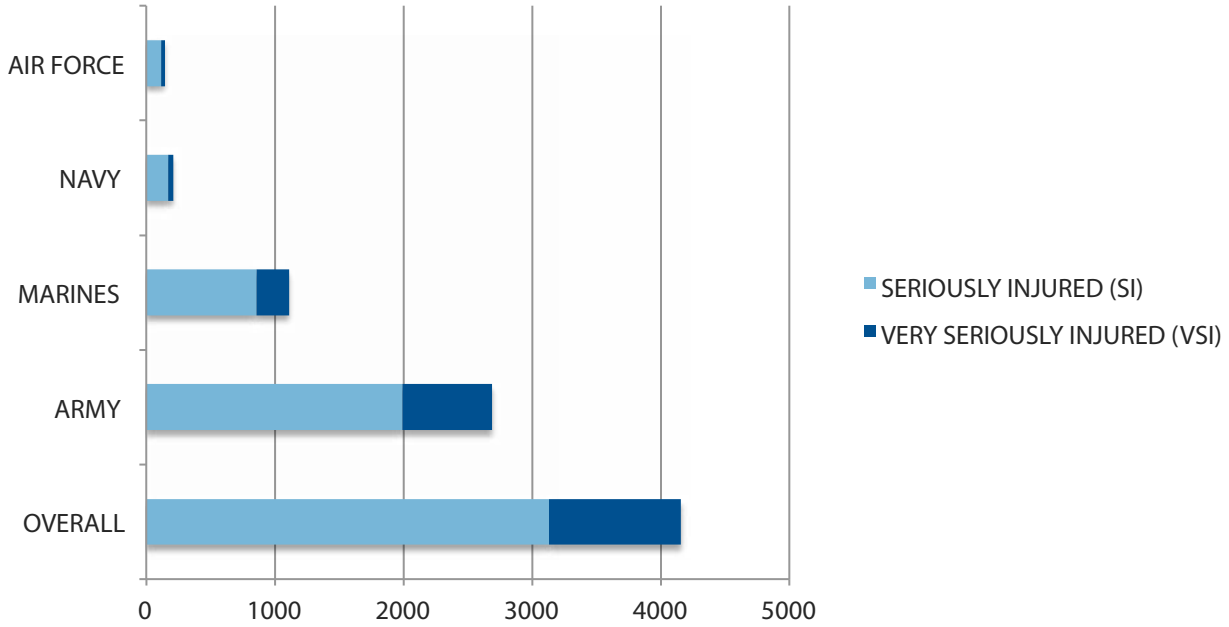
U.S. STATES

CATEGORY	NSI	SI	VSI	TOTAL
AIR FORCE	706	114	32	852
ARMY	30,989	1,991	698	33,678
MARINES	9,721	856	255	10,832
NAVY	637	170	41	848
OVERALL	42,053	3,131	1,026	46,210

U.S. TERRITORIES

CATEGORY	NSI	SI	VSI	TOTAL
AIR FORCE	721	115	32	868
ARMY	32,370	2,082	719	35,171
MARINES	12,123	929	274	13,326
NAVY	729	219	44	992
OVERALL	45,943	3,345	1,069	50,357

Figure 2. Number of *Seriously Wounded* Service Members



As can be seen in Table 3, 50% of all wounded service members have children (defined as one or more child). Table 3 and Figure 3 show that of those 23,206 wounded service members with children, 1,523 (7%) are Seriously Injured and 492 (2%) are Very Seriously Injured - for a total of 2,015 seriously wounded service members who have children.[9] This represents 9% of the overall wounded population with children, which mirrors the overall wounded population statistics in Table 2.

Table 3. Number of Wounded Service Members with Children

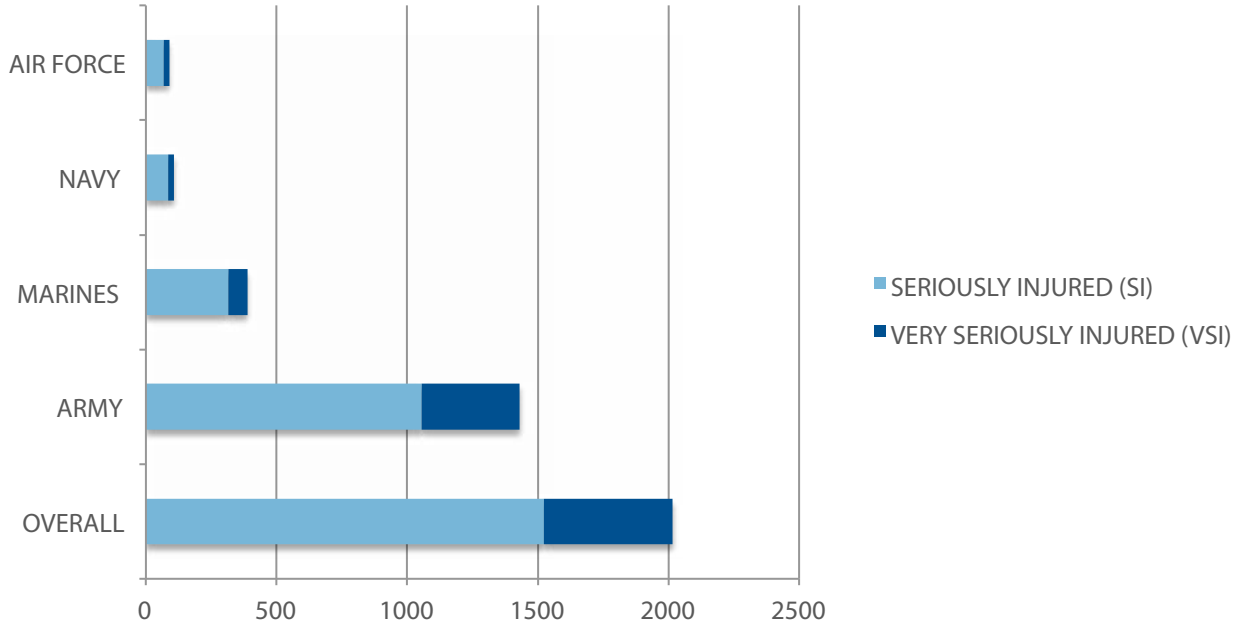
U.S. STATES

CATEGORY	NSI	SI	VSI	TOTAL
AIR FORCE	422	67	22	511
ARMY	16,648	1,055	375	18,078
MARINES	3,820	315	73	4,208
NAVY	301	86	22	409
OVERALL	21,191	1,523	492	23,206

U.S. TERRITORIES

CATEGORY	NSI	SI	VSI	TOTAL
AIR FORCE	431	68	22	521
ARMY	17,497	1,104	389	18,990
MARINES	4,853	348	81	5,282
NAVY	351	116	24	491
OVERALL	23,132	1,636	516	25,284

Figure 3. Number of *Seriously Wounded* Service Members with Children



[9] Again, this does not take into account any children that were or will be born after this data was collected.

Table 4 and Figure 4 show the number of service members in each of the service branches who have children[10] and who were wounded in action for each year since 2001. Figure 4 illustrates that there the most Seriously Injured and Very Seriously Injured service members were wounded in 2004, followed by 2007 and 2011.

Table 4. Date of Injury for Wounded Service Members with Children

ALL BRANCHES			
YEAR	NSI	SI	VSI
2012	1,404	114	41
2011	2,463	137	48
2010	2,438	213	44
2009	1,178	101	21
2008	1,254	104	25
2007	2,850	199	42
2006	2,799	128	81
2005	2,748	130	82
2004	3,213	267	77
2003	799	119	29
2002	35	4	1
2001	10	4	1

[10] This denotes children who were born prior to data collection by the DMDC.

Table 4 (cont'd). Date of Injury for Wounded Service Members with Children

MARINES			
YEAR	NSI	SI	VSI
2012	157	7	1
2011	360	9	0
2010	751	5	0
2009	122	1	1
2008	26	3	0
2007	192	19	4
2006	585	32	20
2005	523	56	17
2004	1,051	128	22
2003	53	55	8
2002	0	0	0
2001	0	0	0

ARMY			
YEAR	NSI	SI	VSI
2012	1,203	98	38
2011	2,030	119	39
2010	1,601	191	39
2009	1,020	95	16
2008	1,158	94	23
2007	2,569	164	29
2006	2,108	74	55
2005	2,158	60	62
2004	2,037	103	51
2003	728	56	20
2002	29	1	1
2001	7	0	1

NAVY			
YEAR	NSI	SI	VSI
2012	16	5	1
2011	26	2	3
2010	29	9	3
2009	14	3	1
2008	26	4	1
2007	32	5	5
2006	64	16	5
2005	29	8	1
2004	63	29	2
2003	3	5	0
2002	0	0	0
2001	0	0	0

AIR FORCE			
YEAR	NSI	SI	VSI
2012	28	4	1
2011	47	7	6
2010	57	8	2
2009	22	5	3
2008	44	3	1
2007	57	11	4
2006	42	6	1
2005	39	6	2
2004	62	7	2
2003	15	3	0
2002	6	3	0
2001	3	4	0

Figure 4. Date of Injury for *Seriously Wounded* Service Members with Children

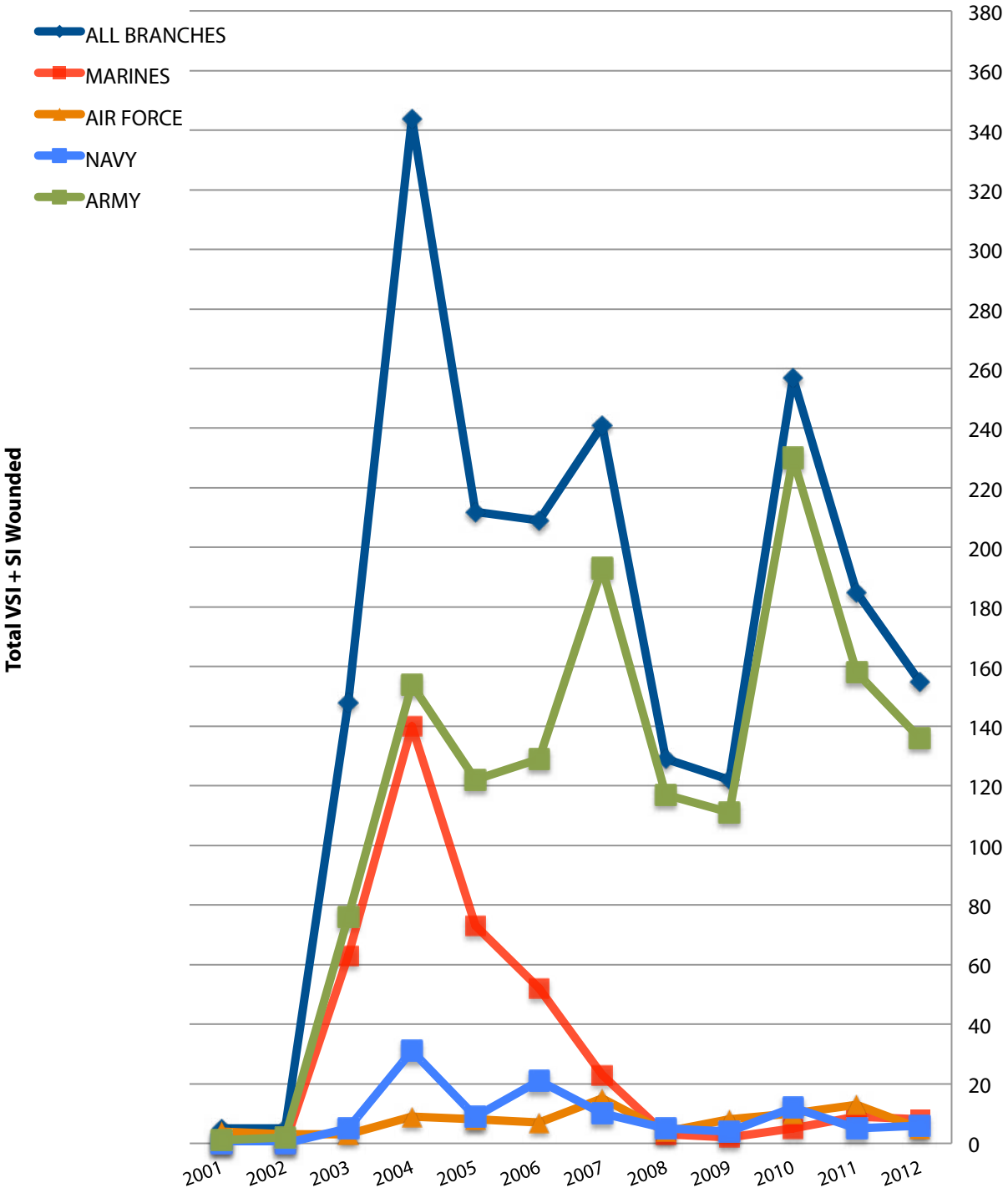


Table 5 shows the number of service members who have children and were wounded in action for each of the 50 states and the District of Columbia, revealing that California and Texas have the most Seriously Injured and Very Seriously Injured service members.[11]

A visual presentation of the distribution of Very Seriously Injured and Seriously Injured service members across the U.S. is presented in more depth in Appendix J.

Table 5. Number of Wounded Service Members with Children by State

Wounded with Children - By State							
State	NSI	SI	VSI	State	NSI	SI	VSI
AK	70	5	1	MT	147	10	5
AL	469	30	7	NC	694	50	14
AR	339	26	13	NE	131	5	0
AZ	96	9	13	ND	47	1	3
CA	2,027	157	61	NH	117	11	4
CO	340	30	10	NJ	287	28	8
CT	148	11	3	NM	189	12	3
DC	13	2	0	NV	172	16	1
DE	31	3	1	NY	978	60	24
FL	1,146	79	19	OH	883	62	12
GA	713	55	17	OK	429	26	9
HI	93	6	1	OR	359	23	9
IA	263	14	8	PA	812	42	21
ID	155	17	2	RI	69	8	1
IL	717	53	11	SC	341	24	10
IN	475	28	7	SD	85	3	0
KS	285	35	7	TN	466	35	12
KY	366	26	7	TX	2,099	140	53
LA	384	23	7	UT	212	18	5
MA	311	20	4	VA	512	32	13
MD	257	17	8	VT	70	3	0
ME	131	12	1	WA	545	67	16
MI	693	42	19	WI	296	20	6
MN	301	17	7	WV	180	13	4
MO	571	39	13	WY	65	6	2
MS	210	23	7				

[11] This denotes state of residence at the time of data collection by the DMDC.

Note that Tables 2-5 give the number of injured *service members* with one or more children, as opposed to the number of *children* affected by their parents' wartime injuries. Obviously, the number of children impacted is larger than the number of wounded service members because many service members have more than one child. Therefore, another way to present and interpret the data is to focus on the total number of children affected.[12]

Table 6 illustrates that there were 4,235 children affected by their Seriously Injured (3,205) or Very Seriously Injured (1,030) parents. That number increases more than 10-fold (48,518) when Not Seriously Injured parents are included.

Table 6. Number of Children of Wounded Service Members

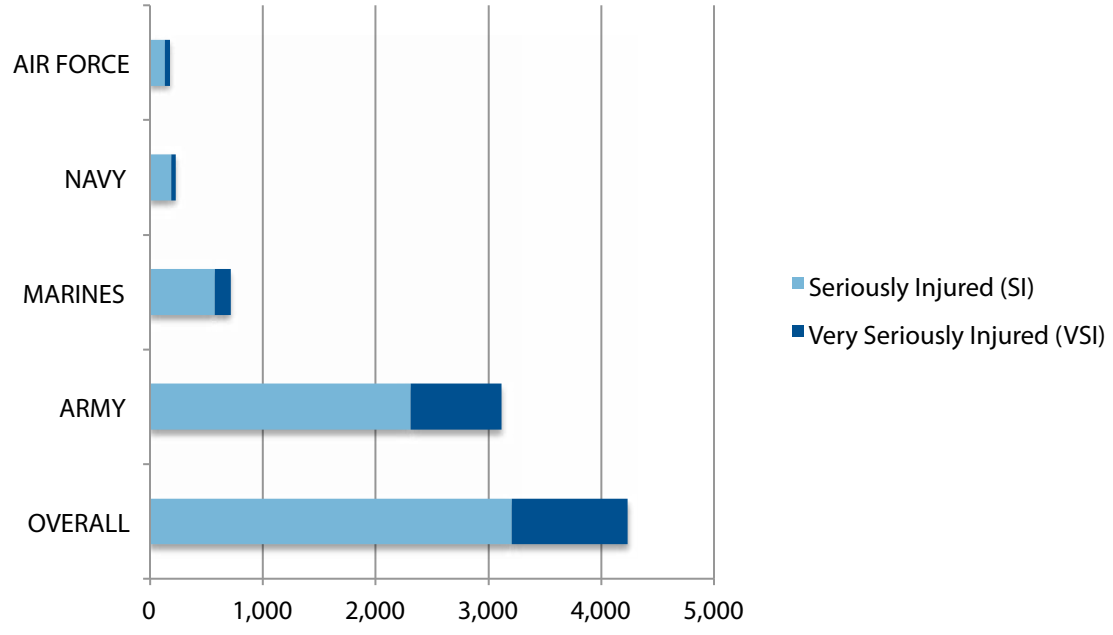
U.S. STATES

CATEGORY	NSI	SI	VSI	TOTAL
AIR FORCE	962	133	46	1,141
ARMY	36,315	2,309	804	39,428
MARINES	6,417	574	140	7,131
NAVY	589	189	40	818
OVERALL	44,283	3,205	1,030	48,518

U.S. TERRITORIES

CATEGORY	NSI	SI	VSI	TOTAL
AIR FORCE	986	136	46	1168
ARMY	38,371	2,429	838	41,638
MARINES	8,305	639	151	9,095
NAVY	699	249	42	990
OVERALL	48,361	3,453	1,077	52,891

Figure 5. Number of Children of *Seriously Wounded* Service Members

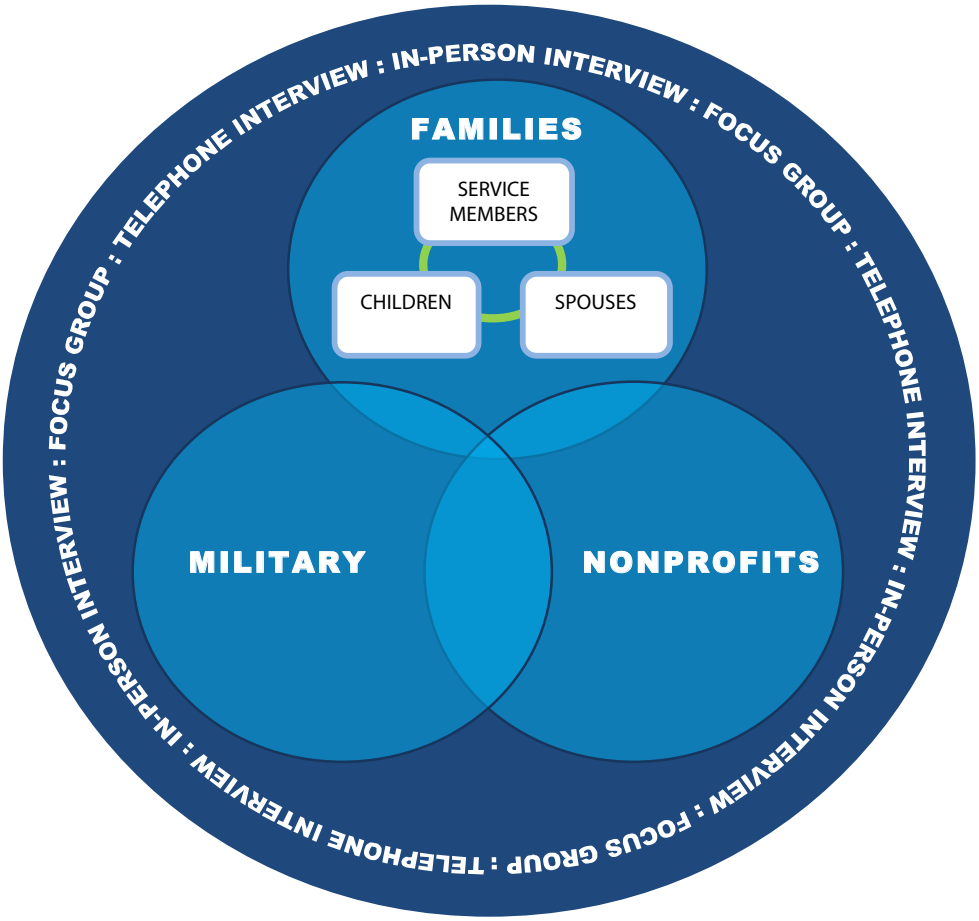


[12] This does not take into account any children that were or will be born after this data was collected.

VII. QUALITATIVE RESEARCH

A. Methodology

The qualitative part of this research study was designed to incorporate perspectives and experiences of three groups of stakeholders: 1) nonprofits; 2) the military; and 3) families, including seriously wounded service members, spouses,[13] and children.[14] This was accomplished by soliciting feedback from participants in one of three modes: 1) telephone Interview; 2) in-person interview; or 3) focus group.



[13] For brevity, the term spouse can also pertain to unmarried significant others.

[14] This purposefully selected sample of different individuals with a different set of experiences represents a maximum variation sample. The goal of this approach was not to build a random and generalizable sample, but rather to try to represent a range of experiences related to living with serious combat wounds.

After identifying key organizations in both the nonprofit and military sectors, the research team contacted prospective participants and scheduled interviews at their convenience to allow for optimal responses unrestricted by time. Approximately 200 potential participants were contacted directly by telephone and/or e-mail[15], and a total of 125 individuals participated.

The research team managed the recruiting process, which involved:

1) Posting the recruiting flyer (see Appendix A) on social media sites;
2) Disseminating flyers and personal requests via e-mail with individual whom research team members connected through interviews, conferences, meetings, wives' coffee groups, etc.
3) In person, telephone, and e-mail communications and word-of-mouth among the above contacts.

Participants were informed of their anonymity, confidentiality, and right not to answer any questions or terminate their participation at any time. The interviews were semi-structured in compliance with the University of San Diego Institutional Review Board (see Appendix B for each group's Interview Guide) and lasted between 20 and 90 minutes, with an average of 30 minutes. Focus groups lasted between 45 and 90 minutes. Below is a summary of participants in each of the stakeholder groups.

B. Nonprofit Organizations

Based on the Master Affiliate Database, the Scholarship Foundation's consortium partners list, and recommendations from these sources, the research team identified the top 24 priority nonprofits to contact for their participation in a telephone interview. As noted in the Asset Mapping Section of this report, a limited number of nonprofits are specifically focused on children of seriously wounded service members. Therefore, when identifying the priority nonprofits, the research team took into account the impact of the organization in the military community and the scope of its services.

[15] Many more people were exposed to the recruiting flyer that was disseminated on Facebook and to over 100 people with whom the research team connected.

The goal was to interview individuals who have direct responsibility for programs and services that support military children and families of seriously wounded service members. If participants did not have direct contact with children of seriously wounded service members, they were asked to answer the questions based on their experience working with military families or wounded service members in general.

Table 7 shows that a total of 19 (14 formal + 5 informal)[16] telephone interviews were completed with nonprofit professionals across the country between September 19, 2012 and January 10, 2013. Participants' titles varied, but generally were Executive Director, President, Vice President, or Director.

Table 7. Summary of Nonprofit Telephone Interviews

Organization	City	State	Interview Type	Interview Date
Armed Services YMCA - San Diego	San Diego	CA	Informal - Phone	03/1/2013
Blue Star Family	Falls Church	VA	Formal - Phone	12/13/12
C.N.A. Analysis and Solutions	Alexandria	VA	Informal - Phone	12/14/12
Camp C.O.P.E.	Dallas	TX	Formal - Phone	09/28/12
Comfort Crew for Military Kids	Austin	TX	Formal - Phone	09/19/12
Fisher House Foundation	Rockville	MD	Formal - Phone	09/24/12
Freedom Alliance, The	Dulles	VA	Formal - Phone	10/31/12
Hope For The Warriors	Annandale	VA	Formal - Phone	10/04/12
Lives of Promise	San Diego	CA	Informal - Phone	03/12/13
Military Child Education Coalition	Harker Heights	TX	Formal - Phone	10/19/12
National Military Family Association	Alexandria	VA	Formal - Phone	12/13/12
Operation Homefront	San Antonio	TX	Formal - Phone	10/31/12
Operation Homefront	San Diego	CA	Informal - Phone	03/21/13
Semper Fi Fund	Camp Pendleton	CA	Formal - Phone	11/09/12
SemperMax Support Fund	Dumfries	VA	Formal - Phone	10/09/12
Sierra Club	Salt Lake City	UT	Formal - Phone	01/10/13
United Service Organization	Washington	DC	Formal - Phone	11/20/12
Yellow Ribbon Fund	Bethesda	MD	Formal - Phone	10/25/12
Yellow Ribbon Fund	Bethesda	MD	Informal - In Person	11/28/12

[16] Informal interviews were those that did not follow the complete semi-structured interview guide for various reasons (e.g., did not have direct responsibility for programs or service, was not able to complete entire interview, was not intended to be interviewed). Nonetheless, the conversations led to insightful and fruitful comments that were taken into account when analyzing the data. Note that one informal interview was conducted in person vs. on the telephone.

C. Military Affiliates

Military affiliates were initially identified through online research, connections from some consortium members and other nonprofits, and on-site visits at Walter Reed Naval Military Medical Center in Bethesda (WRNMMC), Wounded Warrior Regiment (WWR) at the Navy Medical Center San Diego (NMCSD) and Camp Pendleton (Battalion-West). The goal was to interview military and civilian professionals affiliated with the wounded warrior divisions at each service branch[17] (with a primary focus on the Marine Corps), and who work with families of combat wounded veterans. The research team also contacted the Department of Veterans' Affairs and military hospitals, as well as civilian professionals who work with military children (e.g., school liaison officers).

The research team was granted approval from Brigadier General Robert F. Hedelund, Director Marine and Family Programs Division, United States Marine Corps (see Appendix C for approval documentation) and the WWR provided a research liaison to assist with the process, as well as a list of WWR staff to contact.

All military affiliates were assured that their responses would be anonymous, treated with professional confidentiality, and free of any military and/or career ramifications. This was especially important for these participants because military culture influences their concerns about information being reported back to their command.

Table 8 shows the details of the 22 interviews that were completed with military affiliates across the country between October 24, 2012 and March 22, 2013.

[17] Many recruiting attempts resulted in lack of participation because staff needed their command approval before being able to participate.

Table 8. Summary of Military/Government Interviews

Organization	Title	State	Interview Type	Interview Date
WWR	Deputy Officer in Command	CA	Formal - In Person	02/20/13
WWR	District Injured Support Coordinator	CA	Formal - In Person	02/12/13
WWR	District Injured Support Coordinator	WI	Formal - In Person	10/24/12
WWR	District Injured Support Coordinator	IA	Formal - In Person	10/24/12
WWR	Family Readiness Officer	VA	Formal - In Person	02/14/13
WWR	Family Readiness Officer	CA	Formal - In Person	02/19/13
WWR	Family Support Coordinator	CA	Formal - In Person	02/20/13
WWR	Recovery Care Coordinator	CA	Formal - In Person	02/20/13
WWR	Recovery Care Coordinator	CA	Formal - In Person	02/20/13
WWR	Recovery Care Coordinator	CA	Formal - In Person	02/21/13
WWR	Recovery Care Coordinator	CA	Formal - In Person	02/22/13
WWR	Recovery Care Coordinator	VA	Formal - In Person	02/15/13
WWR	Wounded Warrior Family Support	CA	Formal - In Person	03/22/13
WWR	Wounded Warrior Rap Session Moderator	CA	Formal - In Person	03/22/13
WWR	District Injured Support Coordinator	PA	Formal - Phone	02/12/13
WWR	District Injured Support Coordinator	MN	Formal - Phone	02/12/13
WWR	Recovery Care Coordinator	NC	Formal - Phone	02/14/13
WWR	Recovery Care Coordinator	TX	Formal - Phone	02/19/13
WWR	Recovery Care Coordinator	CA	Formal - Phone	02/21/13
WWR	Family Support Coordinator	MD	Informal - In Person	11/28/12
Warrior Transition Brigade (WTB)	Family Readiness Support Coordinator	MD	Informal - In Person	11/28/12
Center for the Study of Traumatic Stress	Research Clinician	MD	Informal - In Person	11/28/12
Defense and Veterans Brain Injury Center	Clinical Research Coordinator	MD	Informal - Phone	12/17/12
Fleet & Family Support Center	Clinical Case Manager	MD	Informal - Phone	02/11/13
National Guard Bureau	Brigadier General	VA	Informal - Phone	12/14/12
A OEF/OIF/ONre Management Team	Research Liaison	CA	Informal - Phone	02/26/13

D. Families

The research team identified and recruited qualified family participants (seriously wounded service members, spouses, and children ages 9 and above) by connections through the Scholarship Foundation, Wounded Warrior Wives Coffees at Camp Pendleton and the Naval Medical Center San Diego, WWR staff, the U.S. Department of Veterans Affairs in San Diego, workshops and conferences, families of seriously wounded service members, and Facebook.

The goal was to interview a cross-section of seriously wounded service members, spouses, and children ages 9 and above in one of three modes of data collection: focus groups, telephone interviews, and in-person interviews.

Focus groups were conducted on three separate occasions at three separate locations. Four focus groups were conducted in Chicago as part of the Scholarship Foundation's Chicago Dinner for the Children of the Severely Wounded" and were coordinated by the Scholarship Foundation staff. Three focus groups were conducted in San Diego and three focus groups were conducted in Oceanside, all of which were coordinated by the research team. Free childcare and refreshments were provided at all focus group sessions, and each participant in California received a $75 incentive for their participation. In Chicago, an afternoon family activity was held for the families.

Table 9 summarizes the location, dates, and number of participants for the three sets of focus groups.

Table 9. Summary of Focus Groups Participation

Focus Group	Venue	Date	Seriously Wounded	Spouse	Child	Total
Chicago, IL	The Scholarship Foundation's Chicago Dinner for the Children of the Severely Wounded	10/24/12	12	9	8	29
San Diego, CA	University of San Diego	3/23/13	3	4	0	7
Oceanside, CA	Operation Homefront Village	4/9/13	6	8	5	19
		Total	**21**	**21**	**13**	**55**

The two other modes of data collection were telephone interviews and in-person interviews. A total of 18 telephone interviews and 7 in-person interviews were conducted around the country with seriously wounded service members, their spouses and their children.

In total, 80 family members from 16 different states participated in telephone and in-person interviews, including 77 who were affiliated with the Marine Corps and three were affiliated with the Navy. Of these individuals, 28 were seriously wounded service members, and all were male. The year they were wounded ranged from 2003-2012. These service members sustained a variety of serious physical injuries and the majority had a myriad of multiple injuries, including PTSD. A total of 32 spouses (plus one mother) and a total of 19 children participated in the study. Children ranged in age from 9 to 26 years old. Combining all participants' families, there were more than 120 children who were impacted by their parent's serious combat wounds.

E. Summary of Participants

Table 10 summarizes total numbers of all types of participants for all modes of data collection, yielding a grand total of 125 participants.[18]

Table 10. Overall Summary of Number of Participants

Participant Type	Focus Group	In Person	Phone	Total
Nonprofit	**-**	**1**	**18**	**19**
Military	**-**	**17**	**9**	**26**
WWR	-	15	5	20
Other	-	2	4	6
Family	**55**	**7**	**18**	**80**
Child	13	3	3	19
Mother	-	-	1	1
Spouse	21	2	9	32
Seriously Wounded Service Member	21	2	5	28
Total	**55**	**25**	**45**	**125**

[18] As noted in the Project Overview Section (Section IV), the sample size of 125 participants is sufficient, given the qualitative nature of this study (i.e., exploring the needs of children and families of seriously wounded service members and identifying available resources), as well as the relatively small target population..

F. Data Analysis

All focus groups were videotaped and then reviewed by four or five research team members, who independently recorded key themes, recurring themes, verbatim comments, perceptions, and observations (see Appendix D for the Focus Group Summary Sheets). These summaries were then reviewed, coded, and aggregated to identify the most commonly expressed perceptions, obstacles, needs, and recommendations.

All interviews were audiotaped and then reviewed and summarized by a research team member (different than interviewer), using the custom Profile Summary Sheet (see Appendix E for the Profile Summary Sheets). All Profile Summary Sheets were reviewed by two research team members and the comments were aggregated and content analyzed to identify the most commonly expressed perceptions, obstacles, needs, and recommendations.

G. Limitations of Research

While the qualitative research approach yielded rich, detailed, and visceral feedback from participants, there are some limitations to note. First, the participants represented a convenience sample instead of a rigorous random sample and, therefore, the findings cannot necessarily be generalized beyond the study participants. Moreover, because of the self-selection bias, the findings could be unique to the participants who agreed to participate. For example, the research team discovered that some seriously wounded service members and their families had been taken advantage of by other nonprofit and for profit organizations that used them for advertising purposes and consequently, this deterred some people from participating. Thus, the families who participated may not be typical of the seriously wounded population in any number of ways (e.g., they may be more proactive in reaching out, identifying and utilizing support and services and taking action).

Second, the research team noticed that a number of family members seemed particularly guarded and did not appear to want to share information about their family dynamics, financial struggles, and interpersonal relationships. Similarly, some nonprofit and military affiliates may have not been as forthcoming with information, resulting in the possibility that the research findings do not tell "the whole story."

Third, this research focused on service members with serious physical combat wounds and not on those with only "invisible" wounds. Obviously, PTSD and/or TBI often coexist with physical wounds, and therefore service members with both visible and invisible wounds qualified for inclusion in this study because they had the requisite condition of being physically wounded. However, those service members with PTSD and/or TBI and no outward physical wounds were not included in this study because they did not have the condition of being physically wounded, as dictated by the study objectives.[19] Research has demonstrated, however, that invisible wounds may potentially have a much longer-lasting and detrimental impact on the children and families than the visible wounds. Therefore, there is an opportunity for future research and interventions to expand in scope for children and families of all wounded service members, regardless of whether their wounds are visible or invisible.

Fourth, one of the objectives of the research was to better understand the barriers to post secondary education. However, this was difficult to address because many service members who were seriously wounded since 9/11 have children who are young, which was reflected in the demographic profile of study participants. Therefore, the focus is on other issues and needs relevant to younger children (e.g., childcare) instead of thinking about post secondary education. Future research can focus more specifically on children (and families of children) in high school who have college, trade school, or the job market in the forefront of their minds and lives.

[19] The exclusion of service members with PTSD and/or TBI but no outward physical wounds also had other implications for this study. First, it made the recruiting process of finding qualified participants more difficult and time consuming. Second, the identification of relevant organizations was more complicated because the research team had to evaluate some organizations more thoroughly to eliminate those that focus only on invisible wounds. Third, there were awkward and uncomfortable conversations with individuals who wondered - and were often critical about - why the study was focused solely on visible physical wounds and not invisible wounds.

VIII. DISCUSSION OF FINDINGS

This section provides an overview of results on the phenomenological analysis of the lived experiences and needs of children of seriously wounded service members based on the data provided by the participants in this research study. Please note that although the term "seriously wounded" is used to describe service members' condition, there is a tremendous amount of diversity among participants, as no two wounds, parents, children, or situations are identical. Thus, each individual's exact experiences, needs, and solutions may be different.[20] Yet, despite the differences in experiences and perspectives across the different stakeholders who were interviewed, major themes emerged across all groups. This section is a summary compilation of the mediating factors, obstacles, protective factors, and needed interventions that were discovered in the qualitative needs assessment. In addition to summarizing the emergent themes, this section includes verbatim comments from participants that illustrate a particular theme.

A. Mediating Factors

Below is a summary of the factors that were identified as having an influence on the needs, obstacles, protective factors, and recommendations for children of seriously wounded service members. In other words, the answers depend on the following factors.

1. Date of Injury

The year in which the injury occurred was a factor in the experiences and needs of all participants. For example, families of seriously wounded service members who were injured prior to 2004 had different perspectives compared to families with a seriously wounded service member who was wounded in 2005 or later. This is primarily because there were very few resources available prior to 2004, and therefore the former families had to deal with their circumstances without the attention and support that seriously wounded service members injured since 2005 have received. From the military and nonprofit service providers' perspective, many agencies were simply not prepared to support the many physical, emotional, and logistical challenges that accompanied seriously wounded service members. This lack of services and support had spilled over to the spouses and children, who received

[20] However, our goal throughout this research -- and the goal of other individuals and organizations that serve this population -- is to identify key factors and solutions for the overall population of seriously wounded service members with children, in aggregate.

even less attention and resources prior to 2004. As will be discussed in the Asset Mapping Section, there have obviously been significant improvements in recent years in the quantity and quality of services for seriously wounded service members, as well as their spouses and families.

Another difference between the pre-2004 and post-2005 seriously wounded service members was that, in general, the latter group was comprised of younger parents (i.e., they were younger when they went to war and/or they had children after they returned from combat). Therefore, their children were young and did not know or did not recall their parents being any different from before their injuries. In contrast, families who had children prior to sustaining serious injuries had more emotional challenges because they witnessed and experienced noticeable differences in their seriously wounded parents' physical and emotional condition, their family dynamics and relationships, and their daily life.

Experiences were different for those injured after 2004 because more resources became available

2. Severity of Injury

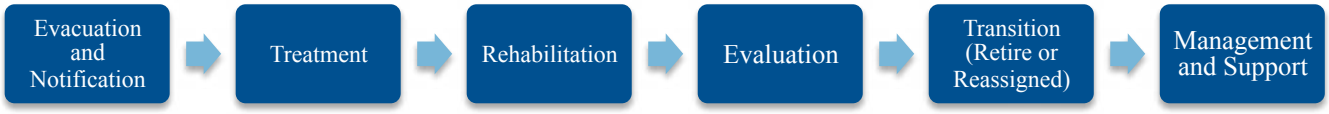
A second mediating factor in the experiences and needs of families with seriously wounded service members was the severity of the injury. This research revealed that children (and families) of the seriously wounded did indeed have unique challenges and needs compared to their non-seriously wounded counterparts. For example, more serious injuries required hospitalization and rehabilitation that was more emotionally and physically taxing, took longer, and took place at military treatment facilities farther away from the family's home. In other words, the more serious the injury, the greater burden it placed on all parts of the family's life (e.g., family dynamics, financial, emotional, social support, etc.).

In addition, the severity of injury did not necessarily have to pertain to visible physical injuries. Invisible injuries were just as detrimental, if not more. Thus, the severity of both visible and invisible injuries made a difference in overall experiences and needs.

3. Phase in Recovery Process

A third mediating factor was associated with how far along the seriously wounded service member was in the recovery process. Figure 6 illustrates the six phases through which a seriously wounded service member usually undergoes. These research participants confirmed that their experiences and needs depended on where the seriously wounded service members were in the recovery process. For example, families in the Transition phase were more concerned about the social support their children were going to receive after they moved to non-military communities, compared to families in the Rehabilitation phases that were not thinking that far ahead. Thus, different needs come in and out of focus at different phases of the recovery process.

Figure 6. Phases of Recovery for Seriously Wounded Service Members



4. Location of Treatment and Recovery

Another related mediating factor was the location of treatment and recovery for the seriously wounded service member. This had implications for whether the spouse and/or children traveled and/or relocated to be with the seriously wounded service member. It also determined the extent to which the family was part of the military community and had access to resources, and how far they were from other extended family and friend support networks.

5. Family Dynamics

Personalities and interpersonal relationships between the seriously wounded service member and his spouse and between all members of this nuclear family contributed to how everyone in the family experienced and reacted to the situation. For example, wives who were more extroverted and proactive in finding resources and solutions created a more positive, optimistic, and healing environment for the whole family.

Furthermore, the extended family dynamics and amount of support these families received from their extended family members also made a difference in their experiences and needs, and were interwoven with the other mediating factors. For example, some families revealed

that extended family members did not understand what they were going through and were not supportive. This caused the military family to withdraw from these family members and not count on them for logistical or emotional support.

6. Age and Developmental Stage of Child and Parent

It was apparent from the qualitative data collection process that all information had to be viewed through a "developmental lens" of the individual child, as needs are different at different ages and developmental stages.

Similarly, parental age, maturity, and experience were a mediating factor, as they made a difference in parents' 1) ability to handle different situations; 2) actions taken to overcome challenges; 3) interpersonal relationships with their spouses; 4) connections with peers in their same situation; 5) perceptions and acceptance of mental health services; and 6) overall parenting skills and strategies.

FACTORS THAT INFLUENCE CHILDREN AND FAMILY NEEDS:

- *Date of Injury*
- *Severity of Injury*
- *Phase in Recovery Process*
- *Location of Treatment and Recovery*
- *Family Dynamics*
- *Child's Age and Developmental Stage*
- *Parent's Age and Maturity*

B. Obstacles

This section summarizes the major obstacles for children and families of seriously wounded service members that emerged across all participant groups.

1. Invisible Wounds

While this research initially set out to focus on the impacts of visible, physical wounds, it became clear that it was the invisible wounds of PTSD or TBI sustained in combat that produced even more stress and accompanying challenges for these families.

> *Those [service members] with PTSD and TBI are affected much more than those with physical wounds. They are the ones who need help more…and it is longer lasting…they need help. I see it over and over again and it's sad. [Organization] won't put PTSD on their commercial…rather the worst looking person because that's what affects the heart…and those with invisible wounds don't get enough support…Those are the kids that need help! (Nonprofit Professional)*

Children of parents suffering from PTSD or TBI experienced increased confusion and anger about their family's situation. For children (and adults), it was difficult to understand how and why their parent looked the same but acted like a different person.

> *The person I married is gone. It looks like him, but it is not him. It is an ambiguous loss - there is no end to the grief I experience. (Wife)*

> *I don't bother to go places as a family because he (husband) won't go. (Wife)*

Many participants emphasized the need for educating and training children and parents on grief, loss, and PTSD so they could better understand the process, what to expect, symptoms, and coping strategies.

> *They (wives) need grief and loss classes so they can learn the process. (Military Affiliate)*

> *Education (on invisible wounds) is key…instead of thinking my husband is such a jerk. (Wife)*

Focus is often on amputees because it is visual, but invisible wounds are real and are likely to have much worse long-term consequences.

Many of the seriously wounded service members spoke about their personal challenges with TBI and PTSD and the toll it has taken on their families, and especially on their children. They knew their behavior or outbursts were often the cause of many behavioral and emotional issues displayed in their children, but did not know how to help or improve the situation. Service members also recognized that their spouses had to do most everything for the family (e.g., bills, childcare, transportation, etc.) because they themselves were not fit to help or handle these tasks.

> *Everything is a challenge for me. It's a challenge for me to wake up and remember that I'm supposed to eat breakfast and take my medicine. It's a constant challenge that I work with. (Seriously Wounded Service Member)*

It's important not to forget that the parent has changed, but the same person is still in there and they [family] just have to be patient. Patience is the key. The person we were has not gone away -- we have to go through a discovery process where we have come to realize that within ourselves as parents that we are still here -- we are still the people we once were. Things have changed but we can still be the parent we want to be. (Seriously Wounded Service Member)

2. Physical Wounds

Understandably, the physical limitations of seriously wounded service members were challenging for children (and families), particularly in the beginning. Everyone had to deal with the seriously wounded service member's hospitalizations, surgeries, physical rehabilitation, inability to perform daily tasks and household chores, limited physical interaction, seeing the deformity[21], other people staring, etc. For these reasons and more, military families living with serious physical injuries obviously face unique challenges compared to their non-seriously wounded counterparts. However, this research found that physical wounds were not the biggest obstacles for children and their families later in their recovery process because as time passed, they adapted remarkably to the physical limitations.

It's not always bad. I would rather have him have PTSD and a hurt arm than have him gone. (14-year old Daughter)

"Children of vets become almost invisible."
(Military Affiliate)

3. Changing Family Structure

Another common obstacle was the fact that the focus of the family often diverted away from the child.[22] Understandably, seriously wounded service members were focused on their recovery, and therefore were not always available for, or capable of, parenting their children. In addition, spouses became the primary caregivers to both the seriously wounded service member and their children. Thus, all the responsibilities of a regular household were compounded by the many added burdens of caring for an injured patient.

[21] Being seriously wounded does not require that the physical wounds are visible. Many service members have injuries in their back, neck, leg, arm, etc. that can't be seen, which adds another challenge for children (and families) because other people can't "see" it and, therefore don't know about it or understand.

[22] This shift in attention was also evident in the seriously wounded service member and spouse focus groups and interviews, when interviewers had to keep redirecting participants to focus on their children's needs instead of their own or their spouses. Understandably, they were so overwhelmed and consumed in their own realms that it was hard for them to talk about anything else. Similarly, it was often difficult for family participants to verbalize the children's needs, and therefore the research team had to infer perceived needs based on the larger conversation.

I have to be a mother to my husband. (Wife)

He (seriously wounded husband) needs me just as much as she (daughter) does. (Wife)

I am focused on his routine…I think that a lot of time, they (children) kind of fall through the cracks. (Wife)

Households with two parents in actuality functioned as single parent households despite having two parents in the home. Very often, this new family structure created heightened levels of family stress, especially for the caregiver, which indirectly had an effect on the children.

The child went from being the center of the universe for the family, and having at least one of the caregivers there giving them attention, and now one parent has been gone for a long time and they get injured. Then that parent has to leave to take care of the other parent, and now they're left with a family member. There are not a lot of support resources and they're left isolated to cope with the situation. (Nonprofit Professional)

When a parent returns from combat seriously wounded, the child(ren) are no longer the center of attention.

Another prevalent dynamic was when older children took on a caregiver role by providing emotional support to both parents, as well as taking care of household responsibilities and younger siblings.

The non-injured parent may be looking to the child to provide support emotionally, and take on the caregiver role for non-injured parent. This is counterproductive for the child's process. (Military Affiliate)

My daughter wants to take care of dad because he is sick and [she] wants to step up and help. It puts a lot of stress on them both. (Wife)

You have to really work with them (seriously wounded parent) and granted you've been through a lot, but they have been through so much more. (20-year old Daughter)

The acquisition of these new responsibilities often interfered with the child's activities, development, and perceived normalcy. Some older children also felt frustrated and lost about how to relate and deal with the physical functioning that had changed in their parent.

> *"Everyone is focused on the service member, and the kids are expected to just bounce back, but there isn't a great understanding on how that kind of trauma affects the children." (Military Affiliate)*

Children of all ages experienced feelings of being let down because they expected their parent's return to be a happy time, but it didn't end up that way. Instead, they were left to deal with the harsh reality that their wounded parent was not going to be the same or be able to do what he/she did before leaving for war. In addition, children did not have the opportunity to celebrate and enjoy their parent's return because they were more concerned with their parent's serious condition.

> *When a parent is seriously wounded and they come for treatment, it is a serious disruption to the child's life. Most families were not living in the area before the injury, so it is a sudden disruption and they are taken from everything familiar and comfortable in combination with the serious injury of the parent. The child may not even be sure their parent is going to make it. (Military Affiliate)*

4. Communication with Children

The severity of very serious wounds (e.g., amputation) often resulted in parents wanting to shield their children from the specific details of the injury or wounds because they did not want to worry or overburden them. Other parents had a difficult time knowing what to say to children because they were not sure what their children could handle.

> *My kids want to know what's going on…but it's hard to explain to my kids who are all different ages. (Wife)*
>
> ---
>
> *I want to preserve their innocence, but I have to be honest…if I'm not, then they get scared. (Wife)*

This lack of communication was often detrimental to children because they felt left out and/or created their own stories of what was happening (which was often worse than reality), and

thus were not adequately prepared for the short- and long-term consequences of their new normal.

> *I feel like if they would have talked to me more and help me understand, I would have benefitted. (20-year old Daughter)*

5. Communication with Support Systems

In addition to communication between parents and children, many of the families felt that it would help if military (and nonprofit) programs communicated with both parents and not just the seriously wounded service members. Many seriously wounded service members suffered from PTSD or TBI and were unable to remember all of the details of a conversation with outside support service providers: what they needed to do, or where they needed to be and when. This lack of communication would often put the spouse in a predicament when appointments were realized at the last minute or missed, resulting in more family stress that indirectly affected the children. In addition, many spouses commented that they needed caseworkers to be more proactive with their families by providing resources ahead of time or checking on the family regularly to see if they needed more support or resources. All too often, spouses were so overwhelmed that they were unable to reach out to caseworkers for assistance, thereby prolonging getting adequate support and help for their families.

> *We have to arm the parents with the resources they need, so when their children are not in the childcare environment, we can make sure we educate the caregiver to communicate as openly as they feel comfortable with their children. (Military Affiliate)*

6. Childcare

The military demographic of families with young children made the need for childcare another challenge that spouses faced because they could not always take their children along to the hospital (in the early stages) or to the many appointments (e.g., doctor, therapies, transition meetings, applying for disability, benefits, etc.) for their spouse. The lack of childcare also increased the stress levels in caregivers because they were not able to get away on their own to take care of daily tasks, socialize with friends or other spouses, or take time for themselves to rejuvenate and recharge.

7. Lack of Program Utilization

As a result of the new family structure and the quantity of issues to deal with, many families did not attend the programs and classes offered by military or nonprofit organizations.

Families had an enormous amount of mandated tasks to which the seriously wounded service member and spouse had to attend, in addition to many medical-related appointments and domestic issues. The reality was that the large number and variety of programs and classes appeared to be added stressors to an already full plate, and they were not always able to take advantage of these programs.

They are like hamsters running on wheels. (Nonprofit Professional)

There was also an abundance of simultaneous information that was provided to the family at the beginning of the recovery process (while the seriously wounded service member was still in the hospital) making it difficult for families to sift through and figure out what was important for them. They simply did not have the time, energy, or attention for the overwhelming amounts of information because they were focused on the seriously wounded service member's physical condition and getting well enough to leave the hospital.

Another scenario was that families were not always aware of all the resources that were available to them, particularly from the nonprofits. Again, they didn't have the time, energy, or initiative to seek out and learn about resources, which translated to them not using the services.

This lack of awareness also pertained to the military affiliates (e.g., FROs, FSCs, RCCs, DISCs) who support these families. They typically had their own resource lists, but they were far from current and comprehensive. Thus, if the support professional wasn't aware of programs and services, they couldn't pass that information along to the seriously wounded service member or their families. This lack of awareness, coupled with their lack of time to communicate this information, contributes to a lack of program utilization.

"It's easier to ensconce themselves in their own world and hole up in their house." (Military Affiliate)

A program is only as good as the beneficiaries who use it, and if people don't hear about it, then they can't use it. (Military Affiliate)

We need to put the tools in the hands of people who need it…and we often fall short with this. (Nonprofit Professional)

Other reasons for not using programs included: lack of time, lack of interest, lack of motivation, perceived constraints from their command or the military, stigma of being weak and needing help, and need for childcare.

The ongoing low participation at functions was frustrating to some Wounded Warrior Regiment staff and nonprofits, who complained about the ongoing low participation and show-rate at their sponsored functions.

> *Outreach requires personal fortitude…you can lead a horse to water, but you can't make him drink. (Military Affiliate)*
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> ---
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> *The problem [with low participation from families] is not lack of resources…we are resource rich. (Military Affiliate)*

8. Unhealthy Home Environment

The mounting stressors for these families have the potential to lead, or contribute, to unhealthy home environments. Issues, such as mental health problems, substance abuse, anger, volatile marriages, separation, divorce, etc., can be compounded by the serious wounds (visible and invisible) and ultimately affect the children.

> *There is so much emotional abuse, but you know it's not him. (Wife)*
>
> ---
>
> *When they came here (nonprofit housing facility), their family was dysfunctional and now they are playing…and they are not isolated. (Nonprofit Professional)*

Another contributing factor to the health of the home environment was the financial security of the family. Many families experienced dramatic declines in the family's financial security because their income decreased, they often had to wait for disability ratings and pay, they sometimes had more expenses, and the spouse typically had to leave his/her job in order to care for the seriously wounded service member and children. This change from a dual-income to a single income household produced stress, challenges, and constant adjustments depending on the needs of the seriously wounded service member (e.g., medical expenses, house modifications, transportation, etc.) and the children (e.g., school fees, extracurricular activities, etc.).

9. Military Culture

The personality and persona of the military could be characterized as having a "strong sense of pride, honor and integrity" (Moore, 2011). While these qualities are honorable and important to possess both in combat and at home, they also can limit a family who has a seriously wounded service member. The military culture, as well as the personality of the service member can severely deter families from seeking assistance and utilizing resources

that are available to their families and especially their children. Specifically, many service members believed that getting help for themselves or their families was a sign of weakness.

> *Sometimes you need to take steps to force an individual to help himself. (Nonprofit Professional)*

Moreover, they have a tendency to mistrust or not use programs or services that have a mental health component because of the fear of being labeled or because many civilian clinicians do not understand the military way of life. As a result, seriously wounded service member often chose not to seek assistance until the issues were too big or could no longer be hidden from outsiders.

> *They [families] have the idea that their experience is so profound that there is a sense that if someone hasn't been through it, there is a question of how beneficial they could be and what they could actually contribute to the experience. (Military Affiliate)*

Spouses were much more willing to receive services or register their families, but many of them who received mental health services did not want to humiliate their spouse by talking about his/her inability to parent or be the spouse he/she once was.

Families who did seek services or support were much more willing to utilize services from providers who were accepted by their peers or who had a significant connection to the military community (e.g., past or current military experience, family connection to military, extensive experience working with military population, etc.). Most seriously wounded service members and their families did not believe that existing mental health service providers had this military credibility, which compounded their unwillingness to use services.

10. Isolation

While families of seriously wounded service members were often accustomed to frequent relocations, a permanent move after the injury often had a more significant impact on them because it isolated them from their military community. Moving to a civilian community put them in a constant perceived state of not belonging and feeling that others (e.g., civilians, family, "the country") did not understand their experiences. Moreover, many seriously wounded service members and their families ended up living in more rural locations because of their PTSD and TBI symptoms (being unable to tolerate crowds and loud noises). This remoteness made it more challenging to get around, specifically for the service members who were not able to drive themselves to appointments. Occasionally these families also felt isolated from their extended family members (sometimes by their own choice because of family dysfunction and/or because they felt their family did not understand them), friends, events, and familiar places that once provided comfort or escape. Thus, these isolated service members and their families had to rely on themselves and self-navigate the resources, services, and supports that were available. Some participants contended that it is this isolation that was at the root of most problems for both adults (e.g., violence, depression, suicide, etc.) and children (e.g., poor academic performance, behavioral issues, lack of social skills, etc.).

> *[After moved away from military installation] …We stick out like a sore thumb. (Wife)*

The lack of social support for the isolated family of the seriously wounded did not only hinder the recovery of the seriously wounded service member, but it also influenced the overall well-being of other family members. For example, families in transition (particularly spouses of the seriously wounded service members) were concerned that when they medically retire and move away from the military community to other towns or to "the middle of nowhere," they would not have access to adequate support systems. Their concern was magnified for their children because even fewer local military child-centered programs and support systems were available to them in non-military localities.

> *…there's nothing for kids…there's nothing for children in our area. (Wife in South Carolina)*

11. Limiting Capacity of Military Services and Resources

The military bureaucracy was another stress-producing obstacle for these families. Resources were often difficult to obtain, there were long waits, a lot of paperwork, and many layers of bureaucracy and protocols that the seriously wounded service member and his/her spouse had to go through to receive disability ratings, benefits, services, and support.

We must support, empower, and connect military families in the communities where they live

The primary function of the Wounded Warrior Regiment (WWR) staff (i.e., Recovery Care Coordinators, Family Readiness Officers, Family Support Coordinators, and District Injured Support Coordinators) is to provide non-medical case management for seriously wounded service members. For service members with families, this non-medical case management also trickles down to the spouses and children because these WWR professionals have extensive contact with these families throughout the entire recovery process. However, this research revealed that many of these WWR case workers are not trained to work with spouses or children. Furthermore, the number of seriously wounded service members returning from combat continues to grow, which translates to bigger caseloads and increased difficulty in providing quality and personalized care to all wounded service members (and their families).

"The Marine Corps, or probably the military in general, they prepare you for the worst or the best. You make banners for homecoming or you plan for death. You don't plan for any kind of injury and none of that is ever talked about… there's never really any planning for what's in between." (Wife)

We could use training programs for care providers to deal with the unique challenges that the children face. (Military Affiliate)

In addition, while many military affiliates compile or gather resource lists, participants complained that the military did not have one easy-to-use, comprehensive list of resources available for seriously wounded service members, their families, and especially for their children. Simply put, they would like a "one-stop shop" for information about different resources.

> *Contact information should be all in one spot instead of a bunch of business cards. (Wife)*

> *Information (about services) doesn't get through to us. They should just say "if you have kids, here's the options" (Wife)*

Some explanations for this include: 1) a comprehensive list of resources would be constantly changing, and military and government agencies do not have the resources to continually check and update it; 2) there is a strong reliance on other military divisions and programs to support different aspects of the seriously wounded service member's care and recovery; and 3) military and government agencies are technically not allowed to endorse specific nonprofit organizations.

> *Anxiety is high and time is limited, and so I want to make sure that they are solid resources that I'm sending [the Marine] out to. (Military Affiliate)*

12. Limiting Capacity of Nonprofit Services and Resources

While there are numerous nonprofit organizations that provide programs and support to seriously wounded service members and their families (refer to Asset Map Section), participants representing nonprofit organizations commented that they have inherent limitations and challenges in addressing the needs of the seriously wounded service members' children, such as: 1) ongoing financial commitment to fund programming; 2) specific challenges of working with a military population; 3) ability to disseminate resources to those in need; and 4) ability to adapt all of their program interventions to fit the various developmental needs of children.

Many nonprofit participants elaborated on the topic of resource dissemination, stating that when they have large funding sources (e.g., private donations, grants), they are able to partner with community organizations and therefore have a much wider reach and impact in the community. However, the majority of nonprofits revealed that they took more of a grassroots approach in connecting resources to the families, which is a faster, more personal, and easier

approach for seriously wounded service members and their families. For example, some nonprofits visit seriously wounded service members (and families) who are recovering at hospitals or treatment centers to promote their organizations and services. This relationship building is critical for establishing name recognition and a reputation for compassion and care. Moreover, it establishes trust, which is vital to the nonprofit organizations' success because of the mistrust military families have about "outside" program and services. However, such a grassroots approach also appears to hinder nonprofits' ability to disseminate information about their services to the general public.

Another challenge mentioned by nonprofit participants is the difficulty locating seriously wounded families who are medically discharged or retired from the military. Many of these families move to remote, civilian areas where they do not have access and/or connection to the military community, and it is often these families who would benefit the most from the nonprofit's services. Additionally, it is too expensive or not realistic to provide resources in every state, city, and town.

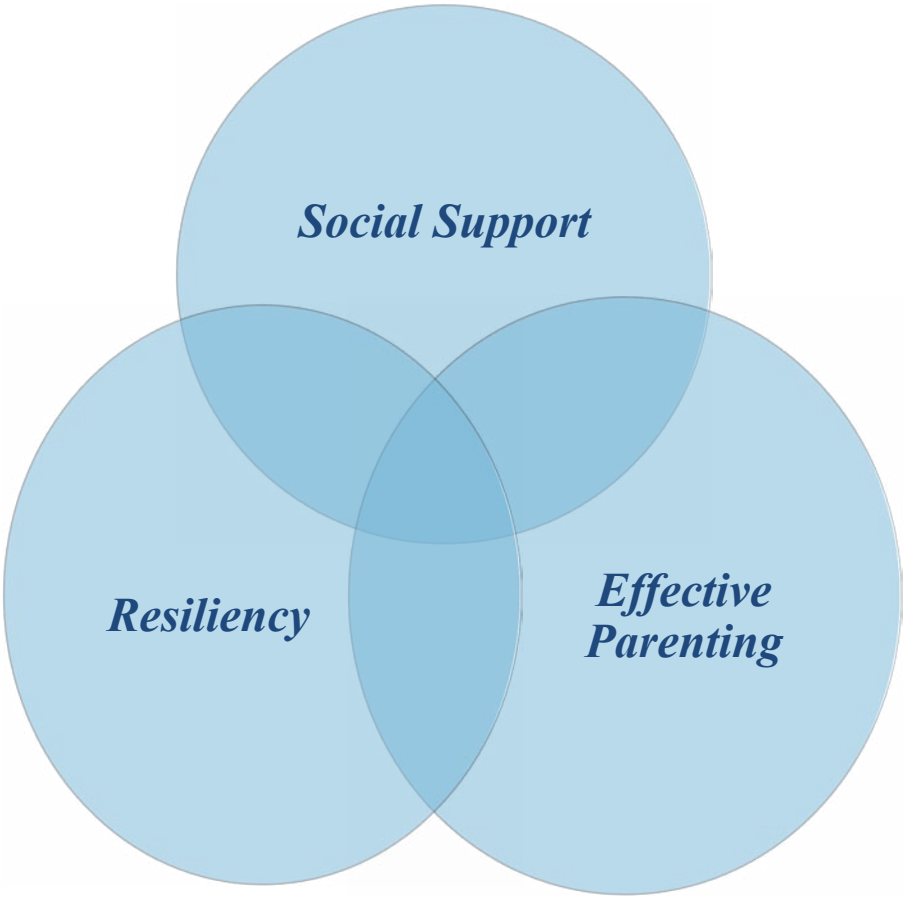
C. Positive Consequences

While the obstacles found in this study are likely to hinder positive development of children of seriously wounded service members, there can also be positive changes in children as a result of their parents' serious combat wounds. For example, this research revealed that many of these children are quite optimistic and have a positive disposition and outlook on life. Many parents said that since the combat wounds, their children 1) have taken on more roles within the family to help out; 2) have become more flexible; 3) have become more self-sufficient; and 4) have become more family-oriented. In addition, one notable quality that often developed as a result of their parent being seriously wounded was that children became more sensitive, tolerant, and accepting of others who were different than them. Their ability to empathize and be respectful of diversity has become a norm, and has made them better people and citizens.

D. Protective Factors

The research revealed that there are protective factors that can mitigate the negative effects of the aforementioned obstacles on children (and families). The primary protective factors for children's typical development and growth that were identified in this study (and validated in the literature) include: *Social Support, Resiliency, and Effective Parenting*.

These protective factors are discussed in depth in the following section, in the context of describing what interventions and resources are needed for this study's target population.



IX. NEEDED PROGRAMS AND INTERVENTIONS

When reviewing this section, please note:

1) Programs should be guided and developed to reflect a Compensatory (Additive) Model, such that building these positive assets (i.e., protective factors) will counter risks and decrease negative outcomes. Thus, there is a summative effect of promoting positives, with the outcome being that children become even stronger in the face of the challenges of having a seriously wounded parent.

2) All interventions and resources should be designed and tailored for the different phases of development as depicted in the following graphic:

3) Future interventions and resources should be modeled after best practices from existing successful programs; however, the objective should be to fill the gaps with unique programs and services instead of implementing something redundant. This is summarized in more detail in the "Recommendations and Next Steps" section.

4) The programs and interventions outlined below are based on comments and recommendations from all participant groups and observations from the research team.

"Military children are not victims to be pitied.
Just give them positive tools to overcome their obstacles."
(Military Affiliate)

A. Peer Social Support Programs for Children

Perhaps the strongest message gleaned from this research is that social support is vital for the children (and families) of the seriously wounded service members. Children need to know that others care about and are available to support them. Beyond that, particularly for older children (and adults), they need to be able to interact and talk with others who are in a similar situation and who can sincerely relate to them.

> *They (children) need to connect with others…and need to feel they're not alone… (Wife)*

Many of the programs offered for military children are focused on supporting them through a deployment or loss of the parent, instead of alleviating stresses of having a seriously wounded parent. The unique nature of having a wounded parent makes it hard for the children to relate to other kids and for those kids to relate to them.

> *My friends deal with planning a party Friday or Saturday night, and I deal with whether I should drive my dad to the hospital or my mom should. It's kind of like, just frustrating, my life is frustrating. (15-year old Daughter)*

This research also confirmed that a real challenge for children of seriously wounded service members is the notion that they do not know a lot of other children in the same situation. This becomes even more of an issue when they leave military hospitals or military bases and move to more remote, non-military towns throughout the U.S.

> *The need to connect with others in their same situation is essential for these children to thrive*

The importance of peer-based support for children's development and well-being was demonstrated by the overwhelming outcry from all participant groups for peer support programs to be developed specifically for children of seriously wounded service members.

These programs can take the form of camps, retreats, workshops, conferences, after-school groups, playgroups, or recreational events, with the primary goal of providing an opportunity to connect with other children of their age to whom they can relate and who understand what it is like to have a parent who is seriously wounded. Another important goal is to make it fun and enjoyable for the children, allowing them opportunities to reduce stress, play, and "just be a kid."

My kids miss out on so much…they don't do normal things that other kids do. (Wife)

They [children] need to have fun on a regular basis. (Wife)

Play therapy for kids is a great outlet (Seriously Wounded Service Member)

It also was clear that there is a particular need to focus on the teen and "tween" population because there are very few programs for this age group, despite it being a critical stage for children. Thus, in addition to in-person peer support at any of the aforementioned forums, there is also a need to leverage online technology and social media for virtual peer support because 1) technology and social media are so prevalent for this tech-savvy demographic; 2) children of seriously wounded service members do not typically know or live in close proximity to other peers who have a seriously wounded parent; and 3) they would benefit from more frequent interactions (vs. periodic events) to share the ongoing challenges, successes, and changes they are experiencing.

BENEFITS OF SUPPORT GROUPS

- *Understand and relate to each other*
- *Bond and make connections quickly*
- *Connect heart and soul through personal stories, experiences and feelings*
- *Make new friends*
- *Build new community*
- *Have others to trust*
- *Realize they are not alone*
- *Reassurance that their feelings are normal*
- *Establish a new network of support*
- *Happy that others care*
- *Can problem solve together*

Children of wounded warriors have to grow up quicker than their peers, have to establish their new normal, which is often the caregiver role. They also need something for graduating seniors [of wounded warriors] to help them transition to college. (Military Affiliate)

A key component of future programs should include the ability to communicate through social media (e.g., blogs, online chat rooms, Facebook, Twitter, etc.). Some specific ideas that participants recommended include YouTube videos, a Facebook group, or a peer support app. Whatever the mode, it is vital that a peer support program is developed and made accessible across the country, and is developmentally appropriate across various age groups.

Peer support and mentoring programs have great potential to create "defining moments" for military children. When they experience something positive, powerful and life-altering, they will thrive in the present -- which will ultimately make a difference in their future.

Another form of social support is mentor support, where children establish attachment and receive guidance and support from an older mentor and role model. Ideally, the mentor would also be a child of a wounded service member so they can understand, give advice, and relate to the their mentee. It is also important that the support is ongoing, as children and their circumstances change over time.

B. Peer Social Support Programs for Parents and Families

The same principle of peer social support also applies to seriously wounded service members and their spouses, both of which have shown to be effective with the military population because they can truly connect and relate with each other.

> *If they're not in the military, they don't understand that it's my job to take care of my husband [give him space and peace] and to take care of my children [give them a happy childhood]. If they're in the military, they understand and know that we do what we have to do, but it's different if you're a wounded warrior. (Wife)*

Just as social support is critical to the children and their parents individually, it is also critical to the family as a whole. There was consensus that families of seriously wounded service members need to be connected to community support systems, and that taking a whole-family support approach is essential for strengthening the family unit.

Many seriously wounded service members and spouses expressed wanting and willingness to participate in family programs as long as they fit their needs. For example, instead of traveling far to family camps and retreats, there was a plea for local programs closer to home where 1) it is not as expensive; 2) seriously wounded service members do not have to expose themselves to uncomfortable situations and PTSD triggers (e.g., flying, airports, large crowds, unfamiliar accommodations, etc.); and 3) they can have an "escape route" if they need it.

> *These guys (husbands) need a place to retreat…and it's not theme parks…or tourist spots. (Wife)*

Other important components participants mentioned include:

- Activities for the whole family;
- Activities for family subgroups (e.g., service member and child, service member and spouse, siblings, etc.);
- Separate activities for homogenous groups (e.g., seriously wounded service members only, spouses only, younger children only, older children only, etc.);
- Activities that are disguised in the context of fun, recreational, playful, outdoor, relaxing activities instead of mental health counseling, lectures, education, seminars, work, etc.

> *They [wounded warriors] need retreats. Counseling and therapy should be masked in a way where the family has fun. They also need individual attention to help the service member realize how counseling will be helpful. The spouse and kids groups are helpful just to get things off their chest and help one another cope. (Military Affiliate)*
>
> ---
>
> *They [Wounded Warriors] need to learn how to interact again…playing, painting, golfing, fishing…doing something instead of just talking [about their situation to a counselor or therapist]. (Wife)*

C. Family Resiliency Training

Military children (and families) are resilient, and resiliency was a key protective factor for many children in this research study.

> *We have found that our children are extremely resilient. (Wife)*

Many nonprofits and military affiliates emphasized the importance of family resiliency as a means to support the children in the family. Therefore, it is vital to teach and continually reinforce resiliency-building skills to children and their families. This has to be done over time (vs. one-time only) because developing resiliency is a process, and developmental stages and

situations continually evolve for children and families. For example, there is a real need for resiliency programs that target early adolescence, adolescence, and young adulthood because these are critical stages and there is not a lot currently available for these children. Resiliency education and training can be integrated at any of the aforementioned venues, such as workshops, camps, retreats, and online and social media sites.

RESILIENCE
Doing well despite exposure to adversity

A *process* of positive adaptation over time and in different contexts

D. Parenting Training

This research also revealed that a close parent-child relationship and a focus on parenting and communication skills were effective buffers in counteracting the many obstacles and stressors that these children face. There was evidence that some children were able to handle the challenges of living with a seriously wounded parent when their parents were involved and invested in providing a safe, stable, and nurturing base of support. Thus, parenting training and education is critical for families with a seriously wounded service member.

> *We need increased awareness education across the board to help children and families through their psychological stress. (Nonprofit Professional)*
>
> ---
>
> *I need participation from [husband]… I need him to parent like I do…and not like a Marine… (Wife)*

As mentioned earlier, while every situation was different, the reality was that most or all of the attention and support went to the seriously wounded service member, particularly in the early stages. Understandably, parents were overwhelmed with priorities other than their children and in this "tunnel vision" they often lost sight of effective parenting skills. In addition, many of the seriously wounded service members and their spouses were younger, less mature, and inexperienced parents. Consequently, there was a need for them to learn strategies and effective ways to interact with their children, as well as to provide safe, stable, nurturing guidance and support. For example, many seriously wounded parents need help in placing value on their children's development and learning the specifics of their children's developmental stages so they could identify any behavioral or emotional issues that begin to manifest over time.

> *We have to arm the parents with the resources they need so when their children are not in the childcare environment, we can make sure we educate the caregiver to communicate as openly as they feel comfortable with their children. (Nonprofit Professional)*

Another parenting component that was particularly important for these families is ongoing communication about the parent's injuries (often to multiple children of different ages), and sharing age-appropriate information in an age appropriate manner (e.g., story books for younger children). In other words, parents need to know what to say, how much to say, when to say it, and how to say it.

E. "Healthy" Parent Programs

To be successful, not only do parents need to learn effective parenting skills, they also need to be emotionally healthy and stable themselves, as everything they do has a direct or indirect effect on their children. Just like the parents on the airplane who have to put their own oxygen masks on before assisting their children, seriously wounded service members and their spouses have to be "healthy" themselves before they can effectively parent and meet their children's needs.

> *We need to get these guys [wounded warriors] up and motivated. (Military Affiliate)*

> *We need an outlet for ourselves…to stay healthy…because we have to take care of everyone else. (Wife)*

Specific suggestions from spouses surrounding this topic included the "Wounded Warrior Wives Coffees" or other social gatherings with other wives, respite care and childcare so they could rest, rejuvenate, tend to tasks, or simply "get a grip" on the magnitude of their situation.

Providing support to the parents, however, obviously cannot be done at the expense of ignoring the children. Assimilating children into the support process as soon as possible is essential to their initial adjustment to their "new normal" and their long-term development and growth.

F. School-Based Support and Training Programs

This research revealed that schools and school personnel need to provide better support systems - not just for military families, but specifically for the families of seriously wounded service members, because their lives and needs are quite different from those of a typical military family. In general, study participants revealed that schools and school staff do not know what is going on for the families of the seriously wounded service members and there is a lack of sensitivity from staff and families in school environments. Consequently, there is a vital need to educate and train school personnel on the families with seriously wounded members: what their life is like, the realities and challenges they face, the symptoms of PTSD and TBI, warning signs, and how to provide the best resources and supports in the most effective way. These school-based supports and programs can be an extremely effective way to prevent children of seriously wounded service members from falling through the cracks and, ultimately, to influence positive outcomes for these children and families.

> *The school should also try to provide workshops and life skills classes. They would also benefit from one-on-one communication with other children of wounded warriors. (Military Affiliate)*

In the same vein, it has become clear that it is also important to provide professional training and education about the seriously wounded population to the larger community of clinicians, mental health professionals, military family support professionals, and others connected to families of seriously wounded service members.

X. ASSET MAPPING

A. Overview

Asset mapping is based on the premise that in order to create and implement solutions to problems, the community must focus on three levels of assets (Kretzmann & McKnight, 1993):

1) Gifts, skills and capacities of the individuals who are part of the community;

2) Citizen associations through which community members come together to pursue common goals; and

3) Institutions present in the community, such as local government, education, hospitals, mental health and human service agencies.

Asset mapping emphasizes the idea of starting with the positive (i.e., what is available from within the community) to address the problem rather than starting with a list of what isn't available. By identifying (and subsequently mobilizing) available resources, programs can be designed and implemented to address the problem.

Asset mapping should not be viewed as just a list of resources. It is an approach that considers community members as co-learners and co-creators of the entire process - from identifying and defining the problem to identifying the assets available, as well as discovering, designing and implementing solutions. In other words, asset mapping is about opening up and engaging in the community, and acknowledging and using resources of organizations [and talents of people] to help solve problems of concern (Kretzmann & McKnight, 1993).

Using this framework, the research team set out to identify organizations and programs that serve the children of seriously wounded service members, and create a master inventory of them at a specific point in time.

Asset mapping is an ongoing, continuous work in progress, and should be updated and revised as information becomes available or changes.

This section summarizes the various resources that are currently available to children and families of seriously wounded service members.[23] They are classified into the following categories:

Military Service Branch Wounded Warrior Programs

Nonprofit Organizations

Other Military and Government Organizations

Research/Academic Institutions

Resource Lists

Social Media

[23] The research team used the very specific criteria of "children of seriously wounded service members" and "families of seriously wounded service members" rather than "all seriously wounded service members in general" because the latter was a much broader term and went beyond the scope of this research. Therefore, the many wounded warrior and Veterans Administration (VA) resources that do not target children and families of seriously wounded service members are not included in this report.

B. Military Service Branch Wounded Warrior Programs

As mentioned earlier in this report, over the past decade, there have been significant improvements to the care and retirement of wounded service members, as well as their families. Each military service branch now has its own internal program to assist its wounded warriors,[24] as well as their families. There are formal systems and protocols in place to ensure that care is being closely monitored, and that family members are included in the process.

"When my husband was injured, there were no resources for families – that was not even on the map."

(Wife whose husband was severely injured in 2003 in Iraq)

Below is a brief description of each service branch's[25] program (primarily pulled verbatim from their websites), along with a few comments about their similar missions. More information about their programs, services, and resources can be found on their respective websites.

SERVICE BRANCH WEBSITES	
Army	www.wtc.army.mil/aw2
Marines	www.woundedwarriorregiment.org
Navy	www.public.navy.mil
Air Force	www.woundedwarrior.af.mil

[24] The term "wounded warriors" is used throughout this section because that is the term used by the military branches. The research team chose not to use "wounded warrior" throughout this report because it is often associated with specific programs, and the term "seriously wounded service member" more closely represents the target population (vs. less serious injuries).

[25] Coast Guard was not included in this research study.

1. *Army: US Army Wounded Warrior Program (AW2)*

"Soldier Success Through Focused Commitment"

Established in 2004, this is the official U.S. Army program administered by the U.S Army Warrior Transition Command (WTC) that assists and advocates for severely wounded, ill, or injured soldiers from evacuation through treatment, rehabilitation, and recovery, for as long as they need help, wherever they are located, regardless of current military status. AW2 also supports soldiers' families and caregivers, who have their own needs. This program, through the local support of Warrior Transition Units (WTUs) and AW2 Advocates, strives to foster the soldiers' independence. Each AW2 Soldier is assigned an AW2 Advocate who provides personalized local support. AW2 Advocates are located at military treatment facilities, VA Polytrauma Centers, VA facilities, and most Army installations. Resources are also available at Soldier and Family Assistance Centers (SFACs) at all military treatment facilities with WTUs.

The Army also hosts the 24/7 Wounded Soldier and Family Hotline (800-984-8523), which is designed to allow Soldiers and their families to seek information and share concerns about medical care.

Figure 7 is a diagram of "holistic care" and services that wounded service members and their families receive after evacuation and notification of wounds, which is provided and coordinated by AW2. It demonstrates that wounded service members and their families need to get support from many different, yet collaborative, services and programs.

Note that while Figure 7 reflects the Army's Wounded Warrior Program, this overall model of case management actually applies to all service branches, with some differentiation in policies, eligibility determination, and variations in program specifics.

Figure 7. U.S. Army Holistic Care Model for Seriously Wounded Service Members

2. Marine Corps: Wounded Warrior Regiment (WWR)
"Etiam In Pugna"/"Still in the Fight"

The Wounded Warrior Regiment (WWR) was founded in April 2007 and immediately began to assume responsibility for non-medical wounded warrior care. The mission of the WWR is to provide and facilitate non-medical care and assistance to wounded, ill or injured Marines and Sailors - as well as their family members - throughout the phases of recovery and as they return to duty or transition to civilian life.

As can be seen in Figure 8, the Regimental Headquarters element, located in Quantico, VA., coordinates the operations of two Wounded Warrior Battalions located at Camp Pendleton, CA and Camp Lejeune, NC. The Regimental Headquarters provides unity of command and unity of effort through a single Commander who provides guidance, direction, and oversight to the Marine Corps wounded, ill or injured non-medical care process and ensures continuous improvements to care management and the seamless transition of recovering Marines. Figure 8 also shows where District Injured Support Coordinators (DISCs) are located throughout the country to help wounded warriors transition and adapt to retirement from the Marine Corps.

The Marines also host the Marine Corps Sergeant Merlin German Wounded Warrior Call Center (877-487-6299), which is a 24/7 hotline for wounded Marines, eligible Sailors, and their families.

Figure 8. Wounded Warrior Regiment Overview

The following text from WWR collateral does a very good job of communicating its mission as it relates to this project in terms of support for the family and utilization of community assets.[26] This overall philosophy applies to all service branch programs.

> *The world of warrior care is never static and the WWR evolves its structure to ensure that wounded, ill and injured (WII) Marines and families receive individualized care, proportionate to their existing needs. The Regiment achieves this individualized care by synergizing its internal assets with the appropriate external assets (e.g., federal agencies and private organizations) around the essential point of focus: the mind, body, spirit, and family of the WII Marine. Under this concept, WII Marines are provided leadership and motivation, care coordination, and transition counsel. This ensures their recovery periods are productive and at the end of their recoveries, they are postured for success; whether they return to duty or transition to their civilian communities.*

[26] The WWR uses the term WII to describe Wounded, Ill, or Injured.

3. Navy: Navy Safe Harbor -"Numquam Navigare Solus" - Never to Sail Alone

Established in 2005, Navy Safe Harbor is the Navy's organization for coordinating the non-medical care of seriously wounded, ill, and injured Sailors, Coast Guardsmen, and their families. Through proactive leadership, the program provides a lifetime of individually tailored assistance designed to optimize the success of shipmates' recovery, rehabilitation, and reintegration activities.

4. Air Force: Air Force Wounded Warrior Program (AFWWP) - "Care Beyond Duty"

Launched in 2005, the Air Force Wounded Warrior Program is committed to taking care of its Wounded Warriors (any Total Force Member - active, Guard, or Reserve) who are not able to return to active duty. Additionally, they expedite the medical evaluation process if a Wounded Warrior chooses to separate from active duty, and they ensure extraordinary care, service and assistance before and after Wounded Warriors separate or retire. Strong emphasis is placed on ensuring wounded Airmen and women receive professional, individualized guidance and support to help them successfully navigate their way through the complex process of transitioning out of the Air Force and returning to civilian life.

C. Nonprofit Organizations

Another vital sector that provides support to seriously wounded service members and their families is the nonprofit sector. Similar to the creation of the dedicated military programs in the last decade, there has been an influx of new nonprofit organizations that provide help to post-9/11 wounded service members (in addition to other long-established veteran and warrior organizations). The identification of these nonprofits was one of the primary objectives of this research, and this section summarizes the 7 steps undertaken by the research team to ultimately create the "Master Affiliate Database."

Step 1. The first step[27] in identifying relevant nonprofits (i.e., those that provide support to children and families of seriously wounded service members) was to access The Urban Institute's 2010 Internal Revenue Service (IRS) Nonprofit Business Master File (BMF). This database was chosen because all of the nonprofits in it have filed tax documents with the IRS at least once in the last three years, and are therefore considered active organizations. The tax year 2010 was the most recent data file available for the BMF. The BMF includes basic contact information for the nonprofit (i.e., name, city, state, zip), basic financial information, its uniquely identifiable Employment Identification Number and classification information. In particular, the BMF provides the National Taxonomy of Exempt Entities Core Codes for each nonprofit, which are used by the Internal Revenue Service and the National Center for Charitable Statistics to classify nonprofit organizations by mission focus (i.e., health, human services, arts, etc.)

[27] While the steps are outlined as being conducted sequentially, steps 3-7 were conducted concurrently, and they often were interconnected and overlapping.

To begin the identification process, the research team first selected all organizations with the following NTEE codes:

- W30 = Military/Veteran Organizations
- B82 = Student Scholarships, Student Financial Aid, Awards
- O12 = Youth Development Fundraising and/or Fund Distribution
- P40 = Family Services
- P80 = Services to Promote the Independence of Specific Populations

This yielded a total of 962 nonprofits, with the majority classified as W30 (Military/Veteran Organizations).

Step 2. The research team then reviewed each organization's focus based on their name and/or most recent IRS Form 990 (if available). Organizations were eliminated if they:

- Were not military related
- Focused on memorial activities
- Focused on active duty member activities
- Focused only on pre-9/11 service members
- Were miscoded
- Were obviously not relevant to the target population

This narrowed the database to a total of 120 relevant nonprofits.

Step 3. Next, the research team systematically and extensively reviewed each organization's website to better understand its mission and focus, and its alignment with the research criteria for this study. All organizations that did not directly or indirectly support children and families of service members who were seriously physically wounded in combat were eliminated. This process and analysis yielded a total of 49 nonprofits.

Step 4. The research team also conducted Google searches with a variety of search terms such as:

- Wounded warrior
- Wounded service member
- Wounded warrior parents
- Wounded warrior nonprofit organizations
- Wounded warrior children
- Children of disabled service members
- Disabled parents
- Parents with disabilities
- Children of disabled parents
- Military children
- Military family (support)

Step 5. In addition to the extensive online search, the research team investigated nonprofits identified by the following sources:

- Military and government articles and publications
- Blogs and other social media
- Academic literature
- Conference and symposium agendas attended or found online
- Popular media, including news shows, special features, newspaper articles, magazine articles, television advertisements, and public service announcements
- Pamphlets and resource materials gathered at:
    - Walter Reed National Military Medical Center (WRNMMC) in Bethesda (November 2012)
    - "Promoting Resilience in Military Children through Effective Programs" Conference in Washington DC (November 2012)
    - Naval Medical Center San Diego (NMCSD) (January-March, 2013)
    - Wounded Warrior Regiment Battalion West at Camp Pendleton (February-April, 2013)
    - 2013 Military Education Expo (February 2013)
    - San Diego Military Family Collaborative (February 2013, March 2013)

  - USO Caregivers Conference (February 2013)
  - VA Transition Briefing (March 2013)
  - San Diego Veteran/Family Forum (April 2013)
  - InterService Family Assistance Committee (ISFAC) Meeting (April 2013)

- Civilian resource lists on websites
- Military and other resource directories
- Resource lists on each service branch's wounded warrior website

Step 6. Additional organizations were identified during the research process as a result of professional recommendations and personal connections with the following individuals whom the research team met or informally or formally interviewed:

- Professionals at nonprofit organizations
- Professionals at research/academic institutions
- Military and government professionals
- Civilian professionals who work with the military population
- Seriously wounded service members, spouses, and children across the country
- Participants from the focus groups conducted in Chicago (October 2012) and San Diego (March 2013)
- Professionals met at conferences, workshops, and meetings (listed above)
- The Marine Corps Scholarship Foundation Team

Step 7. Throughout Steps 3-6, the research team cross-referenced, documented and researched any and all other websites and resources that were listed on each website. This was an extensive, iterative, and "snowballing" process until the research team was confident that there was a comprehensive search of relevant nonprofits. The outcome of Steps 3-7 produced 70 more nonprofits, in addition to the original 49, yielding a total of 119 relevant primary nonprofit organizations.

D. Military and Government Organization

In addition to the four Wounded Warrior Programs for each service branch already described, the research team also cross-referenced and researched any additional military and government websites and resources that were identified in Steps 3-7 of the nonprofit organizations research process. This was also an extensive process until the research team was confident that there had been a comprehensive search of military and government organizations that focus directly or indirectly on this study's target population.

Note that the research team included the major hospitals that service seriously wounded service members (i.e., NMCSD, WRNMMC, BAMC) and the headquarters for the VA. However, each individual military hospital or VA location was not included (those individual locations are presented on the Geographic Maps in Appendix J).

E. Research/Academic Institutions

Likewise, similar to the process described in Steps 3-7, the research team also cross-referenced and identified any major research or academic institutions or programs that emerged.[28]

[28] The list of Research/Academic Institutions is not completely exhaustive because the sheer number of institutions, researchers, and research projects -- coupled with constant changes -- makes this an ongoing task and beyond the primary objectives of this study.

F. Description of Master Affiliates Database

The identified Nonprofit, Military/Government and Research/Academic organizations that support children of seriously wounded service members were synthesized into a "Master Affiliates Database." This is an Excel file[29] that contains the following information:

1. Organization Information

- Organization: Name of organization (currently presented in alphabetical order)
- Program or Installation: The specific program or installation, if applicable
- Mission of Organization: Summary of mission after a review of the website, or copied directly from the website when available[5]
- Sector: Each organization was coded, based on the following sectors:
    - NP = Nonprofit
    - GOV = Military/Government
    - RES = Research/Academic Institution
- Website URL

2. Organization Contact Information[6]

- Contact Name
- Contact Title
- Contact Phone Number
- Contact E-Mail
- Street Address
- City
- State
- Zip Code

[29] The research team has provided the Scholarship Foundation with the Excel file, which can be sorted, modified, and/or printed in any way – for internal purposes and/or external dissemination with study participants, WWR, other nonprofits, collaborative partners, scholarship recipient families, etc.

[5] The organization's mission is included in the Excel file, but omitted from the printed version in Appendix F.

[6] Contact name, title, e-mail and street address are included in the Excel file, but omitted from the printed version in Appendix F.

3. Organization Focus, Service Delivery, and Beneficiaries

After a complete review of the website, the research team coded each organization based on: 1) the overall focus of the organization; 2) the specific service it provides; and 3) to whom. The Master Affiliate Database is a coded matrix that presents a user-friendly summary of this information. It was also used as a way for the research team to identify and prioritize the key organizations and individuals to interview for the qualitative data collection part of this project. Table 11 summarizes the three categories and their codes.

Table 11. Summary of Master Affiliate Database Coding Schematic

Organization Focus *(what the organization focuses on)*	**Service Delivery** *(what specific services the organization provides)*
Basic Needs *Utilities, financial, medical expenses, housing, food, or travel*	• **Financial** = *monetary support (excluding education)* • **Housing** = *building or remodeling house, housing assistance, utilities, etc.* • **Travel** = *travel expenses or accommodations*
Physical *Physical rehabilitation for the wounded service member, or physical care in general*	• **Physical** = *physical rehabilitation or care camaraderie*
Mental Health *Counseling, therapy, or wellness support*	• **Mental Health/Wellness** = *counseling/therapy excluding PTSD/TBI (i.e., social-emotional, family)* • **PTSD/TBI** = *therapy or treatment specifically for PTSD and/or TBI* • **Transition** = *services for relocation, deployment, post-injury, etc.*
Morale *Physical, recreational, mentoring, comfort items, or personal development*	• **Mentor** = *mentor programs* • **Recreation** = *retreats or activities*
Education *Education of service member, family members, or service providers*	• **Parenting Support** = *parent classes/education, respite service, child care* • **Scholarship** = *educational funding* • **Work** = *job assistance (i.e., resume, training, placement, searching)*
Outside Resources *Resources and services that are provided or utilized outside of the family unit*	• **Advocacy** = *personal, local, statewide, and national advocacy* • **Information** = *resources or information about services available* • **Organization Support** = *financial, research, resources, etc. for organizations that support military families* • **Research** = *study military families or listed population*

Beneficiaries *(what type of individual the organization supports)*			
Children	**Families**	**Service Member**[8]	**Nonprofit Organizations**
AC=All Military Children CCH =Civilian Children CH=Wounded Warrior Children	AF=All Military Families CAF=Civilian Families F=Wounded Warrior Families FF=Families of the Fallen	A=Active Duty AR = Army NV= Navy M=All Military (Active & Retired) MR=Marine Corps NG=National Guard R=Reserve S=Military Spouse V=Veterans WW= Wounded Warrior OWW=OIF & OEF WW	NPO=Nonprofit Organizations

[8] The research team created very specific codes because they give more information about whether organizations have specific criteria for who they serve/support (e.g., active duty only vs. all military, OEF and OIF wounded service members vs. all wounded service members).

G. Comprehensiveness of Database

Please note the following caveats about the development and comprehensiveness of the Master Affiliates Database.

First, the process of creating the database was subject to ongoing interpretation of 1) the research questions; 2) the target population criteria; and 3) the information presented and highlighted in the organization's website, mission statement, program overviews and other contexts that were researched. In the end, the database contains organizations that the research team deemed relevant based on the context in which they were found and their focus and scope of services.

Second, despite the rigorous process used, the coding is not an exact science because there is much overlap and the codes are not mutually exclusive. That is, organizations typically do not support just one type of beneficiary or provide just one type of service or support. Therefore, while the coding and segmented tables and geographic maps (presented in the following sections) give a generally accurate picture of what resources and services are available, they are not completely without limitations.

Third, a resource directory (i.e., asset map) like this can never be 100% comprehensive or complete. While the research team came full circle and to a "saturation point" of relevant organizations, there will always be an ongoing, expanding "web" of additional resources and contacts. Therefore, more resources and contacts will certainly be uncovered in the future and can be added to the database. Conversely, organizations (particularly smaller nonprofits) also disband for various reasons and can be removed from the database.

Despite these limitations, the research team stands by the integrity of the Master Affiliate Database, confident that it is a comprehensive and functional resource list for this study's target population.

H. Database Tables

For your convenience when reviewing and evaluating the Master Affiliates Database Excel file, there are five separate spreadsheet tables (i.e., tabs). Table 12 below defines each table and gives the total number of organizations in each section. The printed versions of these tables are provided in Appendix F.

Table 12. Summary of Master Affiliates Database Tables

Table	Appendix	Description	Total Organizations
Primary	F1	All primary nonprofit, research/academic, and military/government organizations that are directly related to target population	**165**
NPO	F2	Relevant primary nonprofit organizations	119
GOV	F3	Relevant military/government organizations	32
Research	F4	Relevant research/academic institutions	14
Secondary	F5	Other secondary nonprofit, research, and military/government organizations that are not directly related to target population	**222**

In addition to the resource lists in Appendix F, the research team also created targeted lists that make it easy to identify the organizations for the six Organization Focus codes (Appendix G) and the 16 Service Delivery codes (Appendix H). In addition, Appendix I includes the organizations that specifically support children of seriously wounded service members in terms of Mental Health, Morale, and Education.

Figures 9-10 show the number of primary organizations within each support and service medium classification, respectively. Note that the numbers do not correspond to the total 168 Primary Organizations because some organizations provide more than one kind of program focus and/or service delivery.

Figure 9. Organization Focus for Primary Organizations

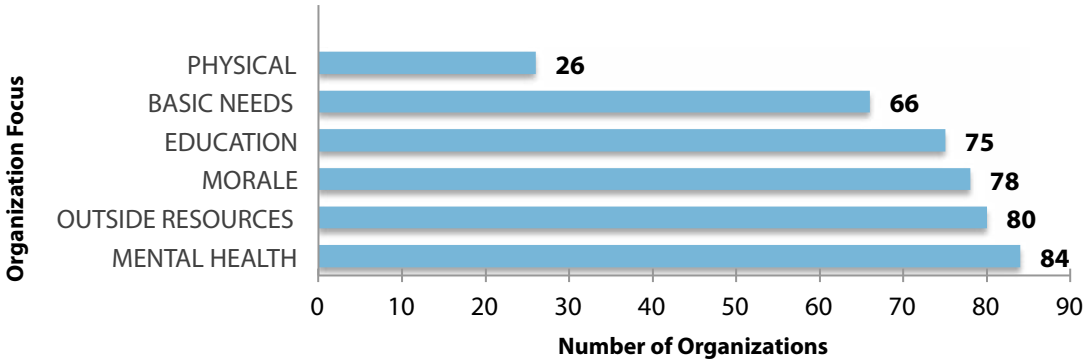
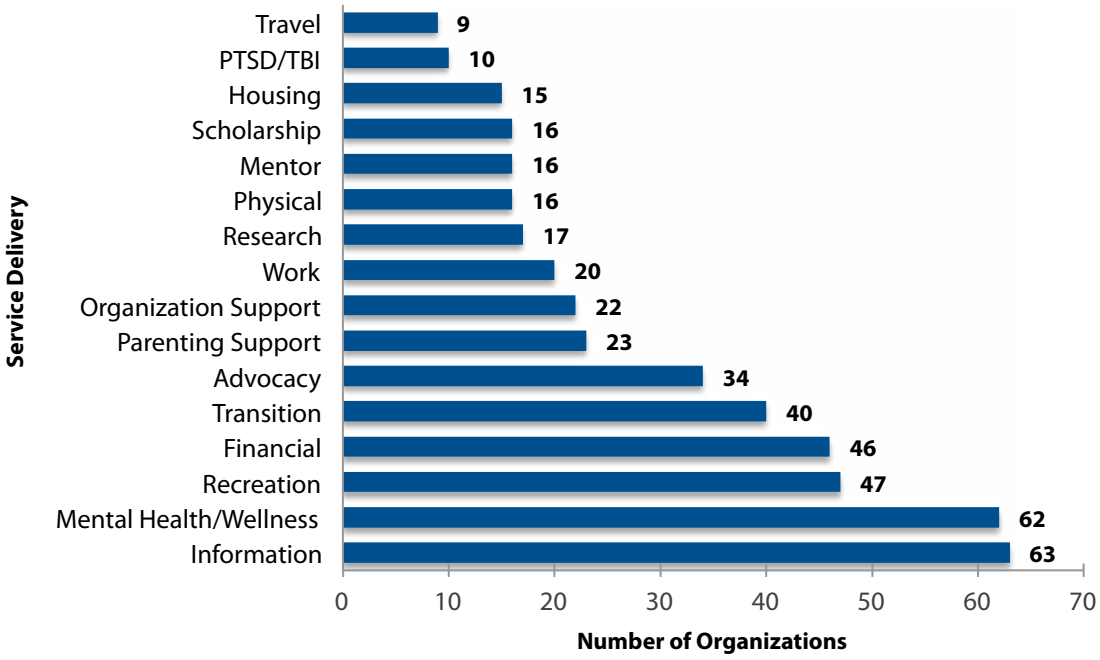


Figure 10. Organization Service Delivery for Primary Organizations



I. Geographic Maps

This section discusses the geographic distribution of various resources that are available to children and families of seriously wounded service members across the country.

First, in order to see where the Primary Organizations are located throughout the U.S., they were plotted on a U.S. map and overlaid on the number of seriously wounded service members in each state (defined by DMDC's data on Very Seriously Injured [VSI] and Seriously Injured [SI] service members, as described in Section VI). Appendix J1 shows that, in terms of organizations that directly support children and families of seriously wounded service members:

B. There are relatively few that exist around the country

C. There are many states where they don't exist; however, those are also the states with few seriously wounded service members

D. They are not evenly distributed around the country, and they "clump" in a few areas

E. The largest pocket presides in the greater Washington DC area, despite having relatively fewer seriously wounded service members; however, this makes sense given the political climate for their headquarters, as well as the proximity to Walter Reed National Military Medical Center

F. The second largest cluster is in the San Diego area, which is logical given its military presence, (Naval Medical Center San Diego, Camp Pendleton, Marine Corps Air Station Miramar, Naval Base San Diego, Naval Base Coronado, and Marine Corps Recruiting Depot San Diego); this also coincides with a large number of seriously wounded service members in California (over 100 VSI and SI).

G. Texas, the only other state other than California with more than 100 seriously wounded service members, also has a more resources available to this study's target population.

Second, the Secondary Organizations that do not directly serve the target population were plotted on a U.S. map and overlaid on the number of seriously wounded service members in each state. Appendix J2 shows that secondary organizations that provide support to seriously wounded service members or children in general (vs. directly supporting children or families of seriously wounded service members) are similar to the primary organizations in the following ways:

- There are relatively few that exist around the country;
- They are not evenly distributed around the country, and they tend to "clump" in the same areas;

- There are larger pockets in the Washington DC area;
- They mirror the prevalence of seriously wounded service members (i.e., states with more injured service members have more resources and states with fewer injured service members have fewer resources).

Some differences that stand out between the geographic distribution of primary and secondary organizations are that:

- While they still clump in the Washington DC area and in Southern California, there are not as many secondary organizations as there are primary organizations in these areas;[30]
- There are a notable number of secondary organizations in Southeastern states.

Note that this geographic mapping represents the headquarters or main mailing address of the organizations and not necessarily all of their outreach locations, which could present a very different picture. Moreover, the maps represent the quantity of organizations/resources across the U.S. and not necessarily the quality or extent of services provided. Therefore, while these maps provide a very useful visual of the number of resources that are available nationwide, they should be interpreted accordingly.

The research team also wanted to graphically show the Veterans Administration (VA) resources that are available across the U.S. because they provide a significant amount of support and services to this study's target population. First, the VA medical assistance facilities (i.e., Medical Centers, Community Based and Independent Outpatient Clinics, VA Nursing Homes, and Residential Rehabilitation Programs) were plotted on a U.S. map and overlaid on the number of seriously wounded service members in each state. Appendix J3 shows that VA medical assistance facilities:

- Are well represented and well dispersed throughout the U.S.
- Are generally proportionate with the number of seriously wounded service members. That is, there are more facilities in states with more seriously wounded service members, and vice versa.

[30] This is probably a function of the non-exhaustive search for secondary organizations because the research focus was on primary organizations that support the target population.

The VA non-medical facilities (i.e., Regional Offices, Veterans Centers, Benefits Delivery at Discharge, Vocational Rehabilitation and Employment) were also plotted and overlaid on the number of seriously wounded service members in each state. Appendix J4 shows that

- There is representation of VA offices throughout the U.S., although not to the same degree as medical assistance facilities
- Their numbers are proportionate to the number of seriously wounded service members.

Overall, these geographic maps show that the Primary and Secondary Organizations provide a supplement to the VA medical and non-medical facilities, which are well represented and spread out across the county. These maps also reveal that the number of resources in each state generally coincides with the number of seriously wounded service members.

However, there are states without any supportive organizations, despite the fact that seriously wounded service members (albeit few) live there. This corresponds with the qualitative findings that seriously wounded service members and their families who live far away from military installations or hospitals feel isolated (or concerned about being isolated if they are still in transition), which translates to additional stressors, concerns and challenges for them. This dearth of support in remote locations reinforces the need for virtual, online and social media resources, which will be discussed more in the Recommendations Section of this report.

J. Major Resource Directories

Another category of resources available to the target population is resource directories that are relatively comprehensive and provided on their own dedicated websites or websites of aforementioned organizations. These resource directories can be very useful for wounded service members and their families who are looking for support services. For example, it is easier for beneficiaries (and for those who support them) to identify resources available to them from these directories instead of the cumbersome and unrealistic task of having to research and look up the websites of the many available organizations.

Below is a list of the major resource directories that were identified in this research study:

- **National Resource Directory (NRD)** (www.nationalresourcedirectory.gov)
    - A website for connecting wounded warriors, service members, veterans, their families and caregivers with those who support them. The NRD is a partnership among the Departments of Defense, Labor, and Veterans Affairs. It contains information from more than 10,000 resources, including: federal, state, and local government agencies; Veterans service and benefit organizations; nonprofit and community-based organizations; academic institutions, and professional associations that provide assistance to wounded warriors and their families. Major topic areas include benefits and compensation, education and training, employment, family and caregiver support, health, homeless assistance, housing, transportation and travel, volunteer opportunities, and other services and resources. It also includes the Veterans Job Bank, an online tool that allows veterans to search for jobs by their military skills and zip code.
- **Wounded Warrior Resource Center (**800-342-9647 or wwrc@militaryonesource.com)
    - A companion to the National Resource Directory, this is not a directory but rather an initiative that provides "wounded warriors, their families, and their primary caregivers with a single point of contact for assistance with reporting deficiencies in covered military facilities, obtaining healthcare service, receiving benefits information, and any other difficulties encountered while supporting wounded warriors." It is staffed 24/7 by wounded warrior specialty consultants.

In addition, there are Department of Defense and other general resources for military families, although they are not organized specifically for seriously wounded service members and their children. These include (in alphabetical order):[10]

- **The Association of the United States Army** (AUSA) (www.ausa.org)
- **E-Marine** (www.emarine.org)
- **Family of a Vet** (www.familyofavet.com)
- **Joining Forces** (www.whitehouse.gov/joiningforces)
- **MilitaryINSTALLATIONS** (www.militaryinstallations.dod.mil)

[10] This list is not comprehensive or exhaustive because it goes beyond the scope of this study.

- **Military OneSource (**www.militaryonesource.com or 800-342-9647)
  - An all-purpose portal for Active and Reserve Component Service members, spouses, families, and service providers, through which DOD's Office of Military Community and Family Policy disseminates information to the military community
  - Provides a "Keeping It All Together" binder that consolidates information across a range of websites, hotlines, and programs
  - Provides an App for "Military Youth on the Move"
- **Military School Liaisons** (www.militaryk12partners.dodea.edu)
- **My HealtheVet** (www.myhealth.va.gov)
- **USA4 MilitaryFamilies** (www.usa4militaryfamilies.dod.mil)
- **Warrior Gateway** (www.warriorgateway.org)
  - While Warrior Gateway received its 501(c)(3) status in August of 2012, it is presented in this Resource Directory section because it includes a searchable resource directory by keyword and geographic location. Warrior Gateway connects the military-connected and their families with federal, state, and local government programs, as well as local nonprofit organizations.
  - Using an application program interface (API), partners have the ability to disseminate the same information as other veteran service organizations; out of this discovery a new product, the G.I. Network, was created.

Other helpful online resources lists include (but are not limited to):

- Wounded Warrior programs for each military branch (described on page 55)
- Primary and secondary nonprofit organizations from the Master Affiliate Database
- Veteran-related organizations, such as Disabled Veterans, OEF/OIF Veterans, Veterans Administration (VA), Veterans Benefits Administration (VBA), and Veterans Health Administration (VHA)

Another related source of resources and information are fact sheets and marketing materials disseminated by various national organizations, as well as regional and local community-based agencies.

Although there is a multitude of resource directories and lists available, none of them are comprehensive, nor are they formatted in a user-friendly manner that allows users to search by type of program focus, service delivery, or beneficiaries. The Master Affiliate Database created for this research project is a much more comprehensive and versatile resource list for the target population of children of seriously wounded service members.

K. Social Media

When evaluating assets and resouces available to children (and families) of seriously wounded service members, social media is an important consideration, particulary when considering young service members.

The research team conducted extensive research on social media outlets, such as blogs and Facebook[31], to identify what support networks are available to the target population, as well as to recruit participants for the qualitative needs assessment part of this study.

Appendix K lists the 34 social media sites (i.e., blogs) that were discovered and relevant to the target population. Most of them are blogs of military spouses who blog as a vehicle to share their stories, get support, share resources, and create a network of individuals in similar situations. These ever-evolving sites are very useful when trying to connect with and understand the challenges of children and families of seriously wounded service members. Of course, this resource list will continue to change as sites come and go and technology evolves.

[31] There is a self-selecting bias inherent in social media posts. However, this secondary research was more qualitative in nature vs. attempting to represent the entire population.

XI. ASSIMILATION OF NEEDED PROGRAMS WITH CURRENT PROGRAMS AND SERVICES

Table 13 summarizes the final culmination of:

1. The nonprofit organizations and programs that have repeatedly stood out for the services and benefits they provide to children of seriously wounded service members;[32] and
2. Whether the organizations and their programs coincide with the summary of needed programs and interventions defined by the qualitative research (presented in Section VIII - Discussion of Findings).

While Table 13 provides a user-friendly overview and comparison of key nonprofit organizations and programs that serve this study's population, it is based on the research team's interpretation of each organization's website and the programs and services that were identified throughout the research process. Therefore, there may be discrepancies in how organizations define and market themselves, and in what they actually do with providing social support and training services. Moreover, Table 13 is not intended to be exhaustive nor is it intended to measure or evaluate the effectiveness of the organizations or their programs.

As can be seen in Table 13, each organization or individual program cannot and does not accomplish everything. Yet, every program is a portal of entry into the larger system (i.e., support for seriously wounded service members and their families), and provides access to other people and services. Thus, there is the need for a variety of programs with a different focus (e.g., peer social support, recreation, communication training, resiliency training, etc.) targeted to different subgroups (e.g., children, parents, families).

Table 13 also shows that while there are few organizations and programs that directly support children of seriously wounded service members, there are many indirect forms of support provided to these children via a "trickle-down effect" from support and assistance to the seriously wounded service member and/or the spouse.

[32] Table 13 only includes nonprofit organizations and not the military service branch wounded warrior programs or research/academic programs. A full list of all primary organizations can be found in Appendix F.

Table 13. Current "Target" Organizations and Programs Offered

		Social Support					Training			
Organization	**Relevant Program**	**Children**	**Parent**	**Families**	**Mentoring for Children**	**Recreation**	**Family Communication**	**Parenting Skills**	**Family Resiliency**	**School Context**
Armed Services YMCA	• Operation Hero Program	✓	✓	✓		✓	✓			✓
Big Brothers-Big Sisters	• Military Mentoring				✓					✓
Camp C.O.P.E.	• Weekend Camps	✓	✓	✓		✓	✓			
Comfort Crew for Military Kids	• The Taking Care of You! Support for Kids of Injured Heroes Kit • Caregiver Booklets • Caregiver Support Program	✓	✓	✓			✓	✓	✓	
Families Overcoming Under Stress (FOCUS)	• FOCUS World • Wounded Warrior Specific Programs			✓		✓	✓	✓	✓	✓
Fisher House Foundation	• Hero Miles • Hotels for Heroes • Heroes' Legacy Scholarships • Scholarships for Military Children	✓	✓	✓			✓			
Hope for the Warriors	• Outdoor Adventures • Family Reintegration Program • Family Support • Hope and Morale		✓	✓		✓	✓	✓	✓	
Injured Marine Semper Fi Fund (Semper Fi Fund)	• Semper Fi Fund Kids Camp • America's Fund Mentors • Semper Fi Odyssey Camp	✓	✓	✓	✓	✓				

		Social Support					Training			
Organization	**Relevant Program**	**Children**	**Parent**	**Families**	**Mentoring for Children**	**Recreation**	**Family Communication**	**Parenting Skills**	**Family Resiliency**	**School Context**
Military Child Education Coalition (MCEC)	• Student 2 Student • Junior Student 2 Student • Parent to Parent • Military Student Transition Consultants (MSTC) • Student Leadership Program • Tell Me a Story	✓	✓		✓					✓
National Military Family Association (NMFA)	• Operation Purple Camps • Operation Purple Healing Adventures • Operation Purple Family Retreats	✓	✓	✓		✓	✓		✓	
Operation Homefront	• Hearts of Valor • Military Child of the Year • OH Villages	✓	✓	✓		✓		✓		
Tragedy Assistance Program for Survivors (TAPS)	• National Military Survivor Seminar • Good Grief Camps	✓	✓	✓	✓	✓	✓			
USO	• Sesame Street: Talk, Listen, Connect • Warrior Family Care • Partners with existing programs	✓	✓	✓		✓	✓			
Wounded Warrior Project (WWP)	• Peer Mentoring Program • Project Odyssey • Family Support Retreats • Restore Warriors		✓	✓		✓	✓	✓	✓	

XII. RECOMMENDATIONS AND NEXT STEPS

The research team commends the Scholarship Foundation for sponsoring this study focusing on the often-overlooked children of seriously wounded service members. The findings indicate that there are indeed areas for improvement in meeting the needs of these children and their families. This section summarizes recommendations to the Scholarship Foundation and the consortium based on both the needs assessment and asset mapping phases of this research study.

A. Follow Through with the Consortium

Based on interviews with key nonprofit, military/government, and family stakeholders, it is clear that organizations and individuals who help children and families of seriously wounded service members are very interested in communicating and collaborating with others who share a common mission.

All participants were genuinely interested in (and excited about) this research, and most were willing to be interviewed and/or assist us in the recruitment of research participants. They were also interested in collaborating with the Scholarship Foundation and others who support service members who were seriously wounded in combat, and their children and families. Specific discussions about a consortium were received with great enthusiasm and interest in being included.

The idea of a consortium was also discussed in conferences, workshops, presentations and conversations that the research team attended. There was consensus that all organizations (and people) need to recognize their individual strengths and expertise rather than trying to do everything. Thus, there is a need for the Scholarship Foundation and other nonprofits to share, collaborate, identify and build on best practices.

It is recommended that the Scholarship Foundation capitalize on this enthusiasm in a timely manner over the next few months. Specific suggestions include the following:

- Identify and secure individuals to be part of the consortium, based on interests, organization's mission, resources, experience and expertise, connections, personalities, etc.
- Solidify structure, objectives, goals, strategies, logistics and specifics for the consortium
- Have meetings and ongoing discussions and communications with the consortium team
- Disseminate communications to others outside of the consortium, as relevant
- Disseminate the results of this research to those who expressed interest as soon as possible[33]
- Continue to affiliate yourself with other relevant organizations and individuals
- Keep the momentum of this research going
- Use the data to take action

Table 14 summarizes the nonprofit organizations that the research team recommends including in the consortium. The table also shows the organizations that participated in this research study and the organizations that the Scholarship Foundation has already identified for the consortium.

It is also recommended that the consortium include representatives from seriously wounded families because they are the true experts and should not be viewed or treated only as the beneficiaries of programs and services. Including some proactive and involved wives in the recruiting process yielded more fruitful results, and their inclusion in the consortium will contribute to its success.

[33] All participants interested in the results are listed in the "Interviewed" tab of the Excel spreadsheet.

Table 14. Key Nonprofit Organizations for Consortium

Organization	Interviewed	Recommend for Consortium	On the Scholarship Foundation List
Armed Services YMCA	✓	✓	
Blue Star Family	✓	✓	
C.N.A. Analysis and Solutions	✓		
Camp C.O.P.E.	✓	✓	
Comfort Crew for Military Kids	✓	✓	
Fisher House Foundation	✓	✓	✓
FOCUS	✓	✓	
Freedom Alliance, The	✓		
Gary Sinise Foundation			✓
Hope For The Warriors	✓		
Injured Marine Semper Fi Fund	✓	✓	✓
Lives of Promise	✓		
Military Child Education Coalition	✓	✓	✓
National Intrepid Center of Excellence			✓
National Military Family Association	✓	✓	✓
Operation Homefront	✓	✓	✓
SemperMax Support Fund			✓
Sierra Club	✓		
USO	✓	✓	✓
Wounded Warrior Project		✓	✓
Yellow Ribbon Fund	✓	✓	

B. Communicate Research Findings

In addition to communicating the results to current and prospective consortium members, it is also important to follow up with all participants (i.e., nonprofit organizations, military affiliates, families) who expressed interest in the research findings and/or the Master Affiliate Database that was being compiled.[34] This is important because it will demonstrate the Scholarship Foundation's integrity, follow-through, and genuine interest in children and families of seriously wounded service members.

Furthermore, the influence and reach of this research will be much greater when the consortium shares the findings and networks at conferences, workshops, seminars and meetings such as:

- MCEC's 16th National Training Seminar (TBD in 2014)
- Wounded Warrior Regiment Fifth Annual Caregiver Symposium (TBD in 2014)
- CNA-Sponsored 2014 Conference (subsequent to 2013 "Promoting Resilience in Military Children through Effective Programs" Conference)
- San Diego Military Family Collaborative Meetings, Workshops, or Conferences
- Military Family Support Working Group (MFSWG) in San Diego
- National Guard's National Youth Symposium (meets every other year)
- National Guard's "Joining Community Forces"[35]

It is also important for the consortium to be aware of and present at social events for wounded families, as that is where information and resources are shared, connections get made, and relationships thrive.

C. Partner and Collaborate With Other Organizations

This research revealed that not all of the resources needed to comprehensively meet the needs of this population are provided by just one organization or program. Yet, as is evident from the consortium, there are many resources ("assets") at the local, regional, and national level that the Scholarship Foundation and other organizations can partner with to support children and families of seriously wounded service members.

[34] All participants interested in the results are listed in the "Interviewed" tab of the Excel spreadsheet.

[35] The National Guard was not a focus of this research, however the Scholarship Foundation would benefit from exploring some of their successful military youth programs.

One example of this would be to build a partnership with the FOCUS program to extend its services to adolescents and young adults, given that it does not currently provide any services that are age-appropriate for this demographic. Another component of this partnership could be to expand FOCUS to non-military communities where many seriously wounded service members and their families eventually reside. A partnership between the Scholarship Foundation and FOCUS has much potential to broaden the demographic and geographic reach to children of seriously wounded service members.

Other partnerships are likely to emerge from ongoing dialogue and collaboration among organizations both inside and outside the consortium, depending on their mission, strategy, and short and long-term goals.

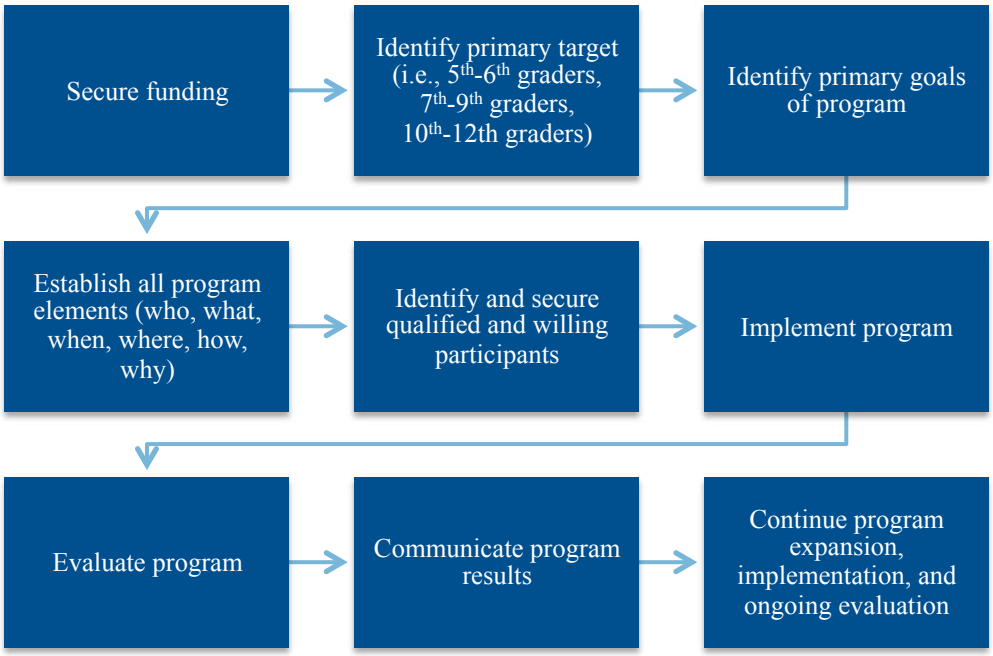
D. Plan Events Accordingly

It was clear from this research that seriously wounded service members and their spouses want others (e.g., family, friends, schools, service providers, nonprofits, etc.) to be sensitive to their unique challenges (albeit without pity or insincere gratitude). This is particularly true for individuals and organizations whose mission is to support this very population. For example, an overriding complaint from seriously wounded service members and their spouses was that nonprofits often send them to big events and venues such as Disneyland, which is often not where they want to be. Of course, the dilemma is that these nonprofits are trying to give the families a fun reprieve from their stressful lives and give the children a chance to "just be kids." More often than not, the seriously wounded service member cannot handle these crowded and stimulus-overloaded environments that are often PTSD triggers. Consequently, the intended good deeds of organizations may backfire and it turns into a terrible experience for the entire family. This is one poignant example of how seriously wounded families differ from other military families, emphasizing that organizations should be in tune with the needs of beneficiaries.

When planning events and activities for scholarship recipients (current, prospective, or alumni), it is important to be cognizant of their obstacles and needs, and tap into the protective factors uncovered in this research study. For example, consider smaller local, casual outdoor recreational, family-focused events (where the seriously wounded service member can leave if overwhelmed) instead of distant crowded, formal and intimidating events and activities.

E. Peer-Based Support Group

A peer-based support group program would be an outstanding complement to an organization's current offerings (the consortium can discuss and identify which organization(s) would be a good fit for this type of program). It would be best to start with a pilot program in one location[36] and work through logistics, implementation, and evaluation before rolling it out to other areas and/or age groups. The details of a pilot program can be provided in a future proposal, but would include the following elements:



F. Mentoring Program

Another recommended program that capitalizes on the many benefits of social support is a mentoring program. More specific details can be provided in a future proposal, but it would involve similar elements as described above, with the premise of connecting children with mentors who can provide support, advice, friendship, and career advice.

Note that both the peer-based and mentoring programs should include a family-based component, as this is likely to enhance the effects and long-term outcomes.

[36] The research team has already identified a teacher at Camp Pendleton who is interested in helping coordinate a group of 4th-6th graders at the school.

G. Social Media and Online Forums

In today's virtually connected world, it is clear that an online peer forum is essential and could enable children of seriously wounded service members to connect with each other. An online forum would be especially beneficial for continuing friendships formed at recreational camps and events that children attend. It would also be beneficial for those who live in remote areas and far away from military support systems, where it is often difficult to get to meetings or events. Thus, the online forum would give children a way to continue budding relationships and establish connections on a regular basis.

The possibilities of an online forum are endless. It could include the option to chat by age group or the ability to read someone's story that they can connect with and relate. Some other formats that were recommended are YouTube, blogging, and child-friendly apps for smartphones or tablets. Of course, a moderator and safety measures would need to be in place to ensure sites are secure and content is appropriate for and sensitive to these children.

It is obvious that social media will continue to be prevalent in society (particularly for this demographic), and it is a promising application for connecting children of seriously wounded service members who are in a similar situation. Yet, simply having organizations use social media for any purpose (e.g., marketing, communication, program implementation and/or evaluation, research, etc.) is not enough. In order to be successful, organizations must be strategic in their social media planning and they must dedicate staff, time and resources to manage it.

H. Help Enhance Academic and School Support Systems

This research revealed that there are gaps and room for improvement in terms of the academic and school context surrounding children of seriously wounded service members. Some suggestions include: 1) improve school district-level support to assist transition; 2) increase tutoring and online tutoring resources; 3) educate school staff about factors to be aware of when working with this population; 4) increase availability of quality daycare and preschool; and 5) partner and collaborate with military School Liaison Officers (SLOs) because they are a key conduit between the military and the schools.

I. Integrate Fun, Outdoor, Recreational Activities

The concept of integrating fun, outdoor, recreational activities needs to be integrated with the peer support and mentoring programs suggested above. They can be created as a stand-alone or through partnering with other organizations that provide recreational workshops, camps or retreats (e.g., Semper Fi Fund Kids Camp, National Military Family Association Operation Purple Healing Adventures). The primary goal of these types of programs is to connect children in person with other peers in a fun, playful, and less serious context. This gives the children an opportunity to get away from the stressors at home and just have fun with others who can relate and who will likely form a strong bond and friendship.

One key element that would make a program like this stand out from others would be to include mechanisms (such as social media and online forums discussed above) that make it easy and increase the likelihood that the friendships continue beyond the specific program (e.g., outing, camp, retreat, etc.) as life continues to unfold for these children.

J. Targeted Approach

It will be beneficial if future program design and implementation are focused on:

- One geographic region (e.g., southern California) or local community (e.g., Camp Pendleton)
- One age group of children (e.g., middle and high-school students)
- One service branch (e.g., Marine Corps)

This smaller, community-based approach will be more effective because it can be more targeted, focused, developmentally appropriate, and streamlined. Any programs can be designed, implemented, and evaluated on a smaller, more manageable scale and then modifications can be made as necessary when expanding it to other communities and age groups.

K. Increase Awareness of Consortium Organizations

It is important to increase awareness of the Scholarship Foundation and other organizations in the consortium because many families and military affiliates are not aware they exist and can provide assistance. Specifically, a relatively easy first step would be to increase organizations' presence on resource directories, lists, websites, and list-serves that have been uncovered in the Master Affiliate Database. For example, reach out to relevant directories (e.g., National

Resource Directory) and organizations to simply add relevant information (i.e., name, logo, mission, website, phone number, etc.) to their resource lists and/or websites.

This immediate step could increase awareness of the Scholarship Foundation and other organizations in the consortium. It would also help educate this population (and the public), recruit new scholarship recipients, and generally promote the mission and goodwill of the Scholarship Foundation and other organizations in the consortium.

XIII. REFERENCES

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XIV. APPENDICES

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